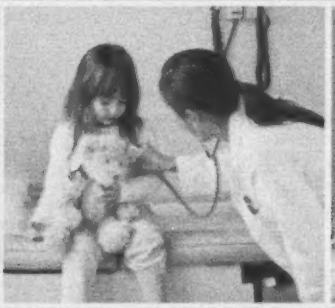
BRITISH COLUMBIA

Patient Care Quality Review Boards



Annual Report 2012/2013

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Letter to the Minister of Health

August 2013

The Honourable Terry Lake
Minister of Health
Room 337, Parliament Buildings
Victoria, BC V8V 1X4

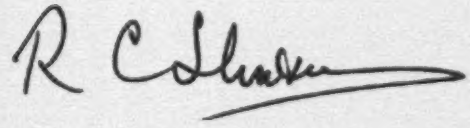
Dear Minister:

It is our pleasure to present the Patient Care Quality Review Boards' Annual Report for the period from April 1, 2012 to March 31, 2013. This report has been prepared in accordance with sections 15(1) and 16(1) of the Patient Care Quality Review Board Act.

We want to thank our staff for their continued good work and support which helped to make this year a success. We would also like to acknowledge the dedication of the health care professionals who deliver quality health care and recognize the commitment of the health authorities to improving patient care quality in British Columbia. We thank patients, clients, residents, and their loved ones for bringing their personal health care experiences to us which sparks quality improvement in our health care system.

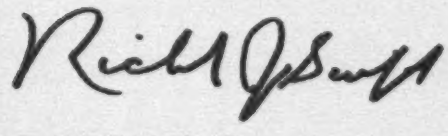
Respectfully submitted,

Dr. John (Jack) H. Chritchley
Chair, Fraser/Vancouver Coastal/Provincial Health Services Patient Care Quality Review Boards



Roger Sharman
Chair, Interior Patient Care Quality Review Board

William Norton
Chair, Northern Patient Care Quality Review Board



Richard J. Swift, Q.C.
Chair, Vancouver Island Patient Care Quality Review Board

Patient Care Quality Office

"Our health care system is huge, complex and rapidly changing. The patient's experience of every aspect and detail of quality of care offered by this system give the BC Patient Care Quality Review Boards the opportunity to provide an independent review and recommendations for improved health care quality."

John (Jack) H. Chritchley,
chair, Fraser/Vancouver Coastal/Provincial Health Services Patient Care Quality Review Boards

Introduction

The Patient Care Quality Review Boards are a fundamental part of a program that focuses on individuals' care quality experiences within our health system and translates those experiences into quality improvements. The program replicates and improves upon international best practices for reviewing patient care quality complaints. The boards focus on reviewing complaints that have not been resolved at the health authority level and where warranted, develop recommendations for improving both the complaint process and patient care quality in British Columbia.

The boards are in a unique position to review a care quality complaint. The board members are provided with a complete picture of a patient's care experience from start to finish, including the proposed resolution by the health authority Patient Care Quality Office. This broad perspective of the care experience enables the boards to identify lapses in communication, care quality and complaint resolution that may not have been evident to others in the health care system.

The Patient Care Quality Review Boards' annual report provides a unique view of the care quality and improvement opportunities in British Columbia.

Executive Summary

In 2012/13, the boards accepted 82 review requests, completed 90 reviews and made 130 recommendations to the health authorities for care quality improvement. In 23 of the cases, the boards did not make recommendations because either the care quality provided was reasonable or the circumstances of the complaint did not present an opportunity for care quality improvement.

The boards' recommendations to the health authorities centred on communication, care planning and care quality.

This year, the boards made two recommendations to the Minister of Health around pediatric surgical waitlists and the supervision of student medical radiation technologists (MRTs).

Since the program's inception in 2008, the boards have made a total of 418 recommendations, prompting the health authorities to address a broad range of care quality issues. In that time, the boards have made eight recommendations to the Minister of Health, including: reviewing the care model for children with cerebral palsy; housekeeping inspection in hospitals; inter-facility ambulance transfers and patient fees for non-residents.

As part of their mandate, the health authority Patient Care Quality Offices (PCQOs) collect data regarding the number and type of external complaints, care quality complaints and inquiries such as requests for information. This data is then reported to the boards quarterly. Of the 8,443 complaints and enquiries received by the PCQOs this year, 4,558 of those concerned care quality. Of those total care quality complaints, 90 (almost two per cent) were reviewed by the boards.

Similarly, the boards track data about the types and number of client exchanges it directly receives. In total, the boards received 570 client enquiries relating to a broad range of care quality issues. This includes all other inquiries (by telephone, fax, email or letter) in addition to the formal review requests.

In 2012, the BC Patient Care Quality program underwent an independent program evaluation which included a thorough international literature review and a scan of Canadian jurisdictions to understand how complaint programs are structured and to understand how such systems have been evaluated and reviewed. It also included a client survey and stakeholder interviews.

The evaluation confirmed that the program is replicating leading practices of jurisdictions with similar patient complaint systems (UK and Australia).

The evaluation findings and recommendations represent an important opportunity to ensure the program continues to operate based on a clearly defined mandate that continues to support a complaints management process for British Columbians that is accessible, clear, consistent, timely and transparent.

The Patient Care Quality Review Boards meet annually to discuss best practices for reviewing complaints, share experiences and lessons learned over the year. These meetings allow an opportunity for learning about new innovations in the health care system relevant to the complaints that come to the boards for review.

The Patient Care Quality Review Boards were established by the *Patient Care Quality Review Boards Act*. There are six boards – each one aligned with a health authority. The boards are independent from the health authorities and accountable to the Minister of Health.

"As a result of our mandate, the Patient Care Quality Review Boards are able to make constructive recommendations that truly make a difference for British Columbia's health care system."

Roger Sharman, *chair, Interior Patient Care Quality Review Board*

"Since our inception more than four years ago, we are pleased to note that the health authorities have become more sensitive and responsive to patient concerns and that almost all our recommendations have been implemented including province-wide recommendations for the health care system."

John (Jack) H. Chritchley,
chair, Fraser/Vancouver Coastal/Provincial Health Services Patient Care Quality Review Boards

Care Quality Improvements and Board Recommendations

The Patient Care Quality Review Boards' recommendations to the health authorities are based on the boards' review of the facts about the case presented to them.

Once a recommendation is received, the health authority then responds with its plan to address the recommendation or to indicate whether work is already underway to address the recommendation. The health authority's response to the board's recommendations is what can lead to care quality improvement in the health care system.

In 2012/13, the main care quality improvements aligned closely with the boards' recommendations: communication including care planning and language services; discharge planning; and care quality in the acute and emergency care sectors.

As in previous years, the boards reviewed a significant number of cases where communication was the central concern. These communication issues led to misunderstandings between physicians, patients and families about the quality of care being provided. The boards further noted that concerns about communication spanned across the spectrum of heath care service delivery. The boards provided recommendations on closing the communication gaps between patients and their care teams, between health care workers and the families of the patients and also between complainants and the Patient Care Quality Office.

Board recommendations aimed at closing these communication gaps ranged from health care practitioners wearing name tags to ensure the patient is aware who is reading their test results to enlisting the assistance of Provincial Language Services to complete comprehensive care plans in conjunction with the family and the patient, including facilitating meetings to discuss patient or family concerns.

The boards noted that effective communication is important in the health care setting and is the underlying theme in most care quality complaints they reviewed. Through ongoing education and training for all staff; comprehensive care plan development including patient charting and discharge planning; and the awareness of empathetic communication principles, the overall patient experience will be improved.

In 2012/13, the boards completed their review of 90 complaints and made 130 recommendations that ranged from updating or refining policies and processes to recommending the development of a document educating patients on formulary and non-formulary drugs that was distributed province-wide. Some of the lessons learned from the boards' recommendations were shared across the health authority.

Key Recommendation Themes

Communication

The boards reviewed a number of cases where effective communication in all health care settings proved to be problematic and often was the underlying reason for care quality dissatisfaction. Understandably, the health care providers' main role is to provide quality health care to patients; however, the boards noted that patient-centred communication could close the gap between patients and their care teams and between care providers and families which would lead to improving the patient's overall understanding about their care. The boards noted in a few cases language barriers presented a profound communication challenge. In order to effectively communicate with these patients, the boards recommended recruiting the support of an interpreter so the patient could better understand their care.

As an example, the boards recommended that to improve communication between patients, their families and health care practitioners, the expertise of Provincial Language Services would be effective in allowing health care practitioners to reach populations entering health care facilities or seeking medical care quality from a variety of cultural backgrounds.

Care Planning

As part of effective communication, the boards also recommended in a number of reviews the importance of establishing a comprehensive care plan so that patients, their families and health care providers are all clear and agree on the medical treatment plan for the patient. When the patient is discharged, the care plan can also provide a guide for the patient's care for the family.

Care Quality (Acute Care/Emergency)

The boards noted that communication within the acute care and emergency settings was a prevalent issue. The majority of the complaints in this area focussed on the care provided by health care staff as not meeting the patient's expectations. For example, when the emergency department was very busy and the patient did not get treatment immediately, a lack of effective communication between the patient and staff translated for the patient into a lack of quality care. The patient complaint was then based on concerns about the attitude and conduct of staff.

The boards' recommendations in this area included --- ensuring the triage process in the emergency department meets the guidelines set out in Canadian emergency department triage and acuity scale, instructing caregivers on the importance of compassionate communication as well as continuing education and training for all staff.

"The boards are able to review care quality complaints and make system-centred recommendations to improve care quality independent of the health authority."

William Norton, *chair, Northern Patient Care Quality Review Board*

"I would like to express my gratitude to yourself and the board for doing the work that the people of this province entrusted you to do."

Complainant

About The Patient Care Quality Review Boards

Mandate

The *Patient Care Quality Review Board Act* and External Complaint Regulation govern how the boards review complaints and what can and cannot be reviewed.

The boards may review any care quality complaint regarding services funded or provided by a health authority, either directly or through a contracted agency. The boards may also review complaints regarding services expected, but not delivered, by a health authority (for example, a complaint regarding a cancelled surgery).

The boards may only review complaints that have first been addressed by a health authority's Patient Care Quality Office, unless otherwise directed by the minister.

If the boards receive a complaint that cannot be reviewed, the complainant is redirected to the most appropriate body for their concerns.

As a result of a review, the boards can make recommendations to a health authority or to the minister to improve the way complaints are handled, to improve the quality of patient care, or to resolve a specific care quality complaint.

Finally, the boards monitor, track, and report on care quality complaints in British Columbia.

The Review Process

Patients and their loved ones may request a review by submitting a review request form (by mail, email, or fax), or by calling 1 866 952-2448. If the board can review the complaint, the health authority's Patient Care Quality Office will be notified and asked to provide a copy of any information relating to the complaint.

The board will review the facts and other background information, seeking expert advice and/or clarification from the health authority, the complainant, and/or other experts, as required.

Once the review is complete, the board will send the complainant and the health authority a final decision letter, indicating whether any recommendations have been made. The boards explain their findings and the reasoning for decisions in the letter. A copy of the letter is also sent to the Minister of Health so the ministry can follow up with the health authority on the implementation of recommendations.

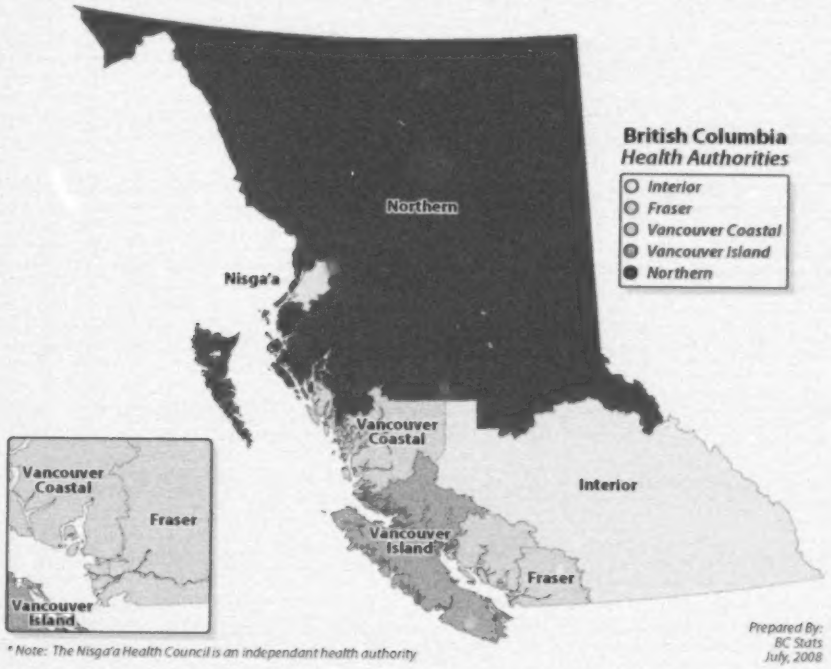
When a board makes recommendations, the health authority will contact the complainant to discuss the outcome and any actions that may be taken to address the care quality issues highlighted by the board's review.

About the Boards | *Current Members*

Board members are appointed by the Minister of Health based on their expertise and experience. Members are eligible to serve terms of no more than two years, and may be reappointed to consecutive terms at the discretion of the minister. Current health authority employees, board members, and contractors are not eligible to serve on the boards.

"The respect, tone and intelligence of your letter brought great comfort to myself and my family..."

Complainant



* Note: The Nisga'a Health Council is an independant health authority

Fraser/Vancouver Coastal/ Provincial Health Services Patient Care Quality Review Board

Dr. John (Jack) H. Chritchley, chair
Dr. John H. V. Gilbert, C.M.
Robert D. Holmes, Q.C.
Sandra Wilking
Dr. Naznin Virji-Babul
Janis A. Volker
R. Hoops Harrison

Interior Patient Care Quality Review Board

Roger Sharman, chair
Dr. Randall Fairey
Donna Horning
Thomas Humphries
Gloria Morgan
Dr. Robert Ross

Northern Patient Care Quality Review Board

William Norton, chair
Dr. John (Jack) H. Chritchley
Lorna Dittmar
Elizabeth MacRitchie
Allison Read

Vancouver Island Patient Care Quality Review Board

Richard J. Swift, Q.C., chair
Ann Beamish
Michael F. Patterson
Dr. Linda J.A. Thomson
G. Henry Ellis

"My many thanks to yourself and the Fraser Patient Care Quality Review Board for your work in hearing and investigating my complaints."

Complainant

Statistical Overview | *Patient Care Quality Offices*

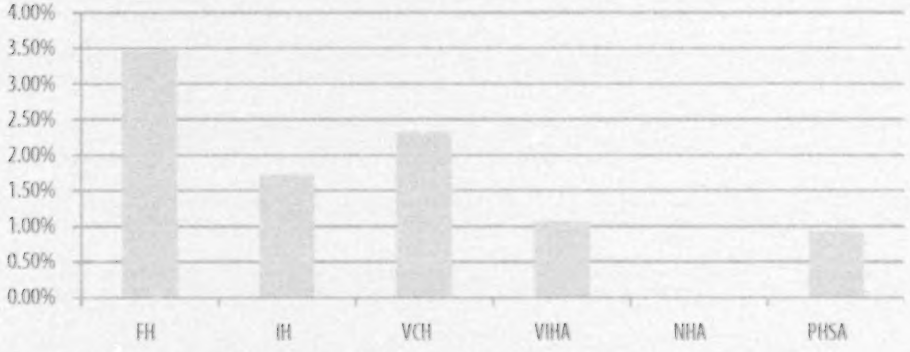
The boards collect data from the health authority Patient Care Quality Offices (PCQOs) regarding the number and type of complaints received by the PCQOs in each quarter throughout the fiscal year. In 2012/13, there were 4,558 care quality complaints (a decrease of 525, or 10.3 per cent, from the 5,083 complaints received in 2011/12), 175 external complaints[1] and 3,710 inquiries in British Columbia (see Appendix A for details). The table below presents the volume of care quality complaints received by each PCQO between April 1, 2012 and March 31, 2013.

TABLE 1: *Volume of Care Quality Complaints by Health Authority and BC*

	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Total 2012/13
Fraser Health	283	223	266	236	1,008
Interior Health	278	202	171	219	870
Northern Health	19	28	65	74	186
Provincial Health Services Authority	113	90	99	127	429
Vancouver Coastal Health	252	265	229	197	943
Vancouver Island Health Authority	229	281	261	351	1,122
BRITISH COLUMBIA	**1,174**	**1,089**	**1,091**	**1,204**	**4,558**

Of the 4,558 care quality complaints received by PCQOs this fiscal year, 90 of those complaints were reviewed and completed by the boards. The boards accepted another 82 reviews this year. This suggests that the vast majority of health care complaints are resolved at the health authority level. The chart below shows the percentage of care quality complaints that escalated to the boards from each PCQO over the 2012/13 period.

Percentage of Care Quality Complaints vs PCQRB Review Requests in 2012/13



1 External complaints are defined by the *Patient Care Quality Review Board Act* and External Complaint Regulation, and may include complaints about services that are not funded or provided by the health authorities, or complaints that are best addressed by another entity.

Statistical Overview | *Patient Care Quality Review Boards*

The boards may only review complaints that have first been addressed by the health authority's Patient Care Quality Office, unless otherwise directed by the Minister of Health. In 2012/13, the boards accepted 82 review requests, completed 90 reviews, and cancelled four reviews at the request of the complainant.

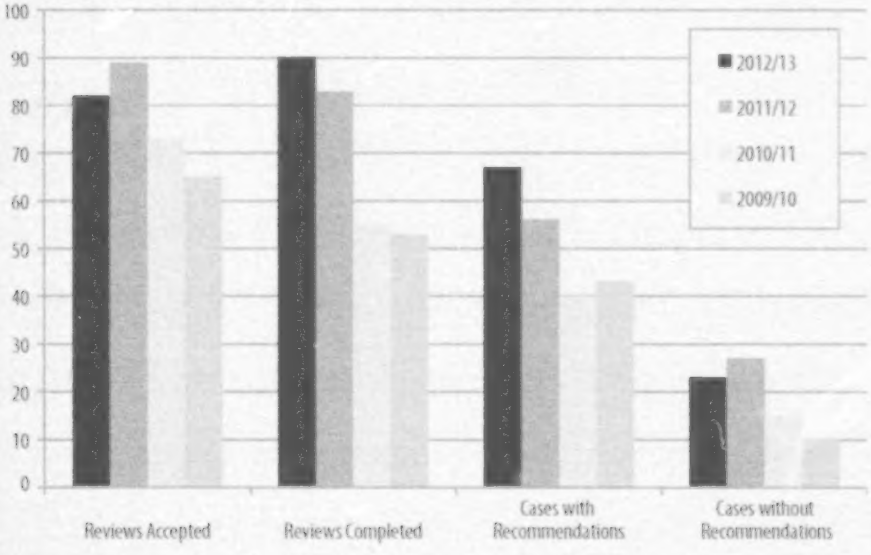
In 67 of the completed reviews (74 per cent), the boards made recommendations to improve the quality of patient care and/or the quality of the complaints process itself. In 23 of the completed reviews (26 per cent), the boards did not make recommendations, having found, for example, that the care provided had been satisfactory or that the circumstances of the complaint did not present an opportunity for care quality improvement. The table below presents an overview of the boards' volume by health authority.

TABLE 2: *Overview of Patient Care Quality Review Board Volume*

	Reviews Accepted	Reviews Completed	Cases with Recommendation(s)	Cases without Recommendation(s)
Fraser Health	23	35	32	3
Interior Health	19	15	11	4
Northern Health	2	0	0	0
Provincial Health Services Authority	7	6	2	4
Vancouver Coastal Health	21	22	14	8
Vancouver Island Health Authority	10	12	8	4
TOTAL	**82**	**90**	**67**	**23**

The boards made a total of 132 recommendations in 2012/13 – 130 to the health authorities and two to the Minister of Health.

Chart 1: Volume Comparison for Recommendations and Reviews



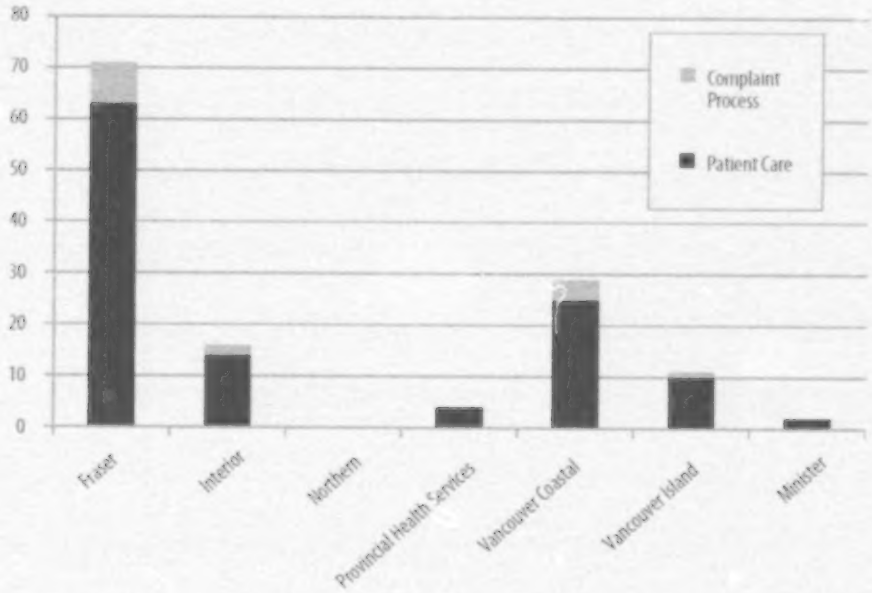
"Since our inception more than four years ago, we are pleased to note that the health authorities have become more sensitive and responsive to patient concerns and that almost all our recommendations have been implemented including province-wide recommendations for the health care system."

John (Jack) H. Chritchley, *chair, Fraser/Vancouver Coastal/Provincial Health Services Patient Care Quality Review Boards*

Statistical Overview | *Patient Care Quality Review Boards*

Of the 130 total recommendations to health authorities, 115 were to improve the quality of patient care, and 15 were to improve the complaints process (see chart below). In 67 of the completed reviews, the boards identified opportunities for the Patient Care Quality Offices (PCQOs) to improve the quality of their investigation or response; in the remaining 23 reviews, the boards found the PCQOs had responded appropriately.

Chart 2: Recommendations Concerning Complaints Process vs. Patient Care



The boards also collect information regarding the timeliness of health authority responses to board recommendations. Under the *Patient Care Quality Review Board Act*, health authorities are required to respond to recommendations within 30 business days, not including statutory holidays. Health authorities achieved this timeline in 61 of the 67 reviews that resulted in recommendations.

Finally, the boards track the timeliness of our own reviews. Under the legislation, the boards are expected to complete those reviews and respond within a maximum of 130 business days. In nine cases (10 per cent) the boards exceeded this timeline. More than half of those reviews were within a few days of the 130 business day deadline.

Statistical Overview | *Patient Care Quality Review Boards*

The chart below represents the subjects of all the complaints reviewed by the boards in 2012/13.[2] Because the care category is quite general, and the population accessing acute care services quite large, care quality complaints are often concentrated under "Acute Care – Care." Note that one complaint may encompass more than one care issue, so the total number of care issues will often be higher than the total number of complaints reviewed.

SECTOR – CARE ISSUE		SECTOR – CARE ISSUE	
Acute Care (excl. MHA) – Care	40	Emergency Care – Accessibility	2
Ambulatory Care – Care	17	Emergency Care – Communication	2
Emergency Care – Care	16	Residential Care – Accessibility	2
Acute Care (excl. MHA) – Communication	13	Ambulance – All Subjects	2
Acute Care (excl. MHA) – Attitude/Conduct	12	Acute Care (excl. MHA) – Other	1
Acute Care (excl. MHA) – Accessibility	11	Ambulatory Care – Administrative Fairness	1
Acute Care (excl. MHA) – Environment	11	Ambulatory Care – Coordination	1
Emergency Care – Attitude/Conduct	6	Ambulatory Care – Cardiac – Care	1
MHA – Care	5	Ambulatory Care – Cardiac – Other	1
Ambulatory Care – Accessibility	4	Home and Community Care – Attitude/Conduct	1
Ambulatory Care – Attitude/Conduct	4	Home and Community Care – Administrative Fairness	1
Ambulatory Care – Communication	4	Home and Community Care – Communication	1
Ambulatory Care – Safety/Secure Setting	4	Home and Community Care – Discharge Arrangements	1
Emergency Care – Discharge Arrangements	4	Home and Community Care – Financial	1
MHA – Discharge Arrangements	4	Mental Health and Addictions (incl. acute) – Accessibility	1
Acute Care (excl. MHA) – Discharge Arrangements	3	MHA – Environment	1
Acute Care (excl. MHA) – Lost Article	3	Administration – Administrative Fairness	1
Home and Community Care – Care	3	Administration – Attitude/Conduct	1
MHA (incl. acute) – Accommodation	3	Public Health – Accessibility	1
MHA – Attitude/Conduct	3	Public Health – Attitude/Conduct	1
MHA – Communication	3	Emergency Care – Accommodation	1
Public Health – Care	3	Acute Care (excl. MHA) – Administrative Fairness	1
Acute Care (excl. MHA) – Coordination	2	Acute Care (excl. MHA) – Safety/Secure Setting	1
Acute Care (excl. MHA) – Supplies/Equipment	2	Emergency Care – Coordination	1
Ambulatory Care – Discharge Arrangements	2	Emergency Care – Environment	1
MHA (incl. acute) – Administrative Fairness	2	Residential Care – Care	1
Home and Community Care – Accessibility	2	Residential Care – Communication	1
Home and Community Care – Accommodation	2		
Administration – Communication	2	**TOTAL**	221

2 Note that the Acute Care category excludes Mental Health and Addictions (MHA) because MHA is its own separate category.

Recommendations and Responses | *Minister of Health*

After completing a review, a board may make recommendations to the health authority and/or the Minister of Health to improve the quality of care and to improve the complaints process.

When making recommendations, the boards consider:

- The context of the complaint from both the health authority and the patient's perspective;
- The policies, procedures, guidelines, etc. that are applicable to the complaint;
- The feasibility of implementing the recommendation;
- The potential impact of the recommendation; and
- The evidence base for the recommendation.

The health authorities carefully consider recommendations and are required to respond within 30 business days to indicate what action(s) will be taken to address them.

In 2012/13, the boards made two recommendations to the Minister of Health and 130 recommendations to the health authorities. The following presents each of the boards' recommendations for this reporting period, along with some highlights of actions taken in response.

Recommendations to the Minister of Health

1. That the Minister of Health ensures British Columbia Children's Hospital (BCCH) is managing its surgical waitlist in accordance with the implementation directive and accountabilities of the Ministry of Health in the Surgical Waitlist Management policy.

Summary of Response

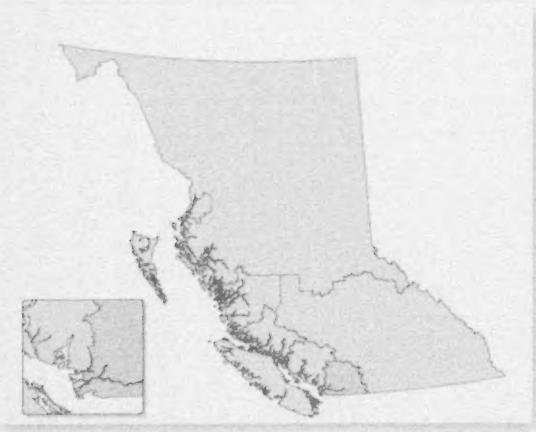
The Ministry of Health will engage the Provincial Health Services Authority (PHSA) to ensure that paediatric orthopaedic surgical waitlists at BCCH are being managed according to the Surgical Waitlist Management Policy. The ministry will ask that PHSA report back on the status of the waitlist and their actions to address the wait times in this area. This will result in more consistent waitlist management at BCCH, which will contribute to the ongoing efforts to improve the provision of surgical services. The Ministry of Health will follow up twice per year until this work is complete.

2. That the Minister of Health review current standards regarding the direct supervision of student medical radiation technologists (MRTs) in comparison to other provinces, and consider developing standards that ensure student MRTs are always directly supervised and that define what is meant by "direct supervision."

Summary of Response

In response to the board's recommendation, the Ministry of Health reviewed the current policies for supervision of student MRTs in British Columbia and compared them to national standards. The ministry concluded that current standards in B.C. meet national standards for the supervision of student MRTs, and exceed requirements for accreditation of educational institutions.

Recommendations and Responses | *Fraser Health*



- FH is responsible for serving a densely populated and multiculturally diverse region with more than 1.6 million British Columbians.
- The boards completed their review of 35 cases from FH in 2012/13, resulting in 70 recommendations in 32 of those cases – 62 recommendations were to improve care quality and eight were to improve the complaints process.
- The board made recommendations on complaints ranging from closing the communication gap between patients and health care workers to mental health intake and discharge to home and community care. In response to the board's recommendations, FH has reviewed its policies and health care strategies as well as provided further information, and arranged for staff education.

1. ***Complaint regarding concerns related to: cleanliness, communication, care, the emergency department, the lost and found, and complaint management.***

Recommendation	*Response*
i. The board recommended that the Patient Care Quality Office (PCQO) respond to [the complainant's] unanswered questions regarding allegations that hospital staff refused to provide [the patient] with blankets while they tried to bring [the patient's] temperature down, a laboratory attendant leaving a tourniquet on [the patient's] arm for five to seven minutes, and an X-ray porter, who tried to move [the patient], but left the IV stand behind.	*i.* Fraser Health's PCQO responded directly to the complainant about the unanswered questions.

2. ***Complaint regarding care in the emergency department, the timeliness of the Fraser Health laboratory process, and the response time of the Patient Care Quality Office (PCQO).***

Recommendation	*Response*
i. That the PCQO and the [acute care facility] emergency department physician lead review the emergency department physician's communication with the complainant, and provide the complainant with further response.	*i.* The [acute care facility] emergency room physician lead will partially review the complainant's concerns with the emergency room physician and the PCQO will respond to the complainant in writing.
Recommendation	*Response*
i. That Fraser Health reviews its processes for the collection, tracking and charting of patient samples in [acute care facility] emergency department.	*i.* The director of clinical services (emergency program) will conduct a review of the [acute care facility] emergency department's processes to identify any areas of improvement. A response will be provided to the Ministry of Health once the review has been completed.

3. *Complaint regarding lack of physician oversight, emergency department triage and assessment, nursing staff conduct, medication administration, lack of official cause of death and do not resuscitate (DNR) process.*

Recommendation	***Response***
i. That Fraser Health ensures physicians at [the acute care facility] are apprised of its revised most responsible physician policy to confirm physicians have reviewed, understood and signed off to indicate compliance with the policy's directives.	*i.* Fraser Health's new Most Responsible Physician policy became effective April 1, 2011. Physicians and staff received information about the new policy in March 2011. In addition, each hospital reviewed site-specific processes to make any technical and operational changes needed to implement the policy.

Recommendation	***Response***
i. That Fraser Health works with [the acute care facility] to create a policy similar to Vancouver Coastal Health's *Partners in Care* document, with a view to improving communication with patients and their families.	*i.* Similar to Vancouver Coastal Health's *Partners of Care* document, Fraser Health's expectations and responsibilities for staff, patients, residents, clients, and their families are outlined on their website.

Recommendation	***Response***
i. That Fraser Health has the Patient Care Quality Office (PCQO) provide the complainant with: a detailed response about what caused the delay in placing the patient in a bed once he was admitted for observation and a detailed explanation of what caused the patient's death.	*i.* The PCQO will respond in writing to the complainant.

Recommendation	***Response***
i. That Fraser Health reviews with all appropriate [acute care facility] professional staff; the best practices detailed by the *BC Stroke Strategy* to ensure stroke patients are triaged, assessed and treated appropriately in a timely manner.	*i.* Over the past year, Fraser Health's emergency department staff participated in Phase 1 of a three-year initiative of the provincial Stroke and TIA Collaborative to support implementation of the provincial Clinical Care Management program.

Recommendation	***Response***
i. That Fraser Health has the chief of staff review this matter to ensure that, in the future, all patient records include an acceptable, complete discharge summary and that the cause of death be recorded and signed by a physician when required.	*i.* Fraser Health revised its Quantitative Analysis & Incomplete Record Management policy and procedure manual. The intent of this policy is to: ensure all inpatient and surgical daycare records contain sufficient documentation to support continuing patient care and provision of reliable data for coding and statistical/ research purposes; to support timely and consistent completion of all records; to establish a system for monitoring non-compliance with record completion, and provide information to site medical administration.

4. *Concern regarding experience and staff at a hospital laboratory.*

Recommendation	*Response*
i. That if Fraser Health decides to adopt Providence Health's *Sighting Client Identification Full Version*, it reviews the application of their current policy of requesting photo identification before providing services to ensure that the two policies align; and the final policy include a provision to allow for frequent patients/clients that are known to staff to not provide photo ID.	*i.* The board recommendation has been shared with the Lower Mainland Health Information Management team for consideration.

5. *The complainant was concerned about: the patient not receiving IV antibiotics; the administration of analgesics; medical equipment failure; a lack of physical therapy and occupational therapy services; a nurse manager's conduct; and errors in the administration of anticoagulants.*

Recommendation	*Response*
i. That [the acute care facility] senior staff ensures the hospital has appropriate policies and guidelines in place to meet the care needs for the overweight and obese adults in its hospital.	*i.* [The acute care facility] has policies in place to meet the care needs of overweight and obese adults who are under 350 pounds and do not meet the criteria for bariatric patients. If a patient requires assistance with mobility, staff will place the patient in a room with a ceiling lift. Patients under 250 pounds would be accommodated with standard transfer equipment such as commodes, wheelchairs, beds etc.
Recommendation	*Response*
i. That the acute care for the elderly unit manager reviews the unit's process for responding to a medical equipment malfunction to ensure its staff know who to contact and how to respond appropriately so that back-up plans for reasonably anticipated contingencies are in place and future occurrences similar to what happened in this case are avoided.	*i.* The manager of [the acute care facility's] acute care for the elderly unit reviewed the unit's progress for responding to a lift malfunction. When there is a medical equipment malfunction, the procedure staff should follow is to contact the site leader after hours or patient care coordinator/ manager during regular hours. If it is a lift malfunction, Fraser Health plant services or maintenance on call would be notified and asked to respond immediately to assist. Fraser Health would also contact the company who supplied the lift equipment as they usually have an on-call representative to come in and fix the equipment urgently.

Recommendation	*Response*
i. That the Patient Care Quality Office (PCQO) arranges a meeting with the complainant and the health care professionals involved in providing the patient care to: (a) provide a detailed account of what the cause of the patient's death was here; (b) explain why medications were administered on the same day and whether there were significant risks to the patient in doing so; and (c) inform the complainant whether the administration of the two drugs caused an adverse reaction that affected the patient's health status.	*i.* Fraser Health's PCQO will arrange a meeting with the complainant and the relevant health care professionals involved as per the board's recommendation.

6. *Concerns regarding medication administration and the Patient Care Quality Office response.*

Recommendation	*Response*
i. That Fraser Health reviews and amends its current practices at [the acute care facility] relating to the storage, charting and administration of personal medication, which includes medication that is not dispensed by the hospital pharmacy, such as medication brought from outside agencies, by comparing best practices at other hospitals in the region and by consulting with experts in human factors as may be considered appropriate. All hospital staff, including nursing staff, pharmacy staff and physicians, should be trained on the improved practices to ensure consistency throughout the hospital.	*i.* Fraser Health's medicine program will be working with the Lower Mainland Health Authorities' Consolidated Pharmacy Services to review existing practices at [the acute care facility] relating to the storage, charting and administration of personal medication. The review will help to identify potential areas of improvement and ensure a consistent, standard practice is being followed at all Fraser Health hospitals.

Recommendation	*Response*
i. That the Patient Care Quality Office (PCQO) provides a thorough and complete response to the complainant regarding what actions have been taken by the health authority following receipt of his complaint and the board's recommendations.	*i.* Within the next three weeks, Fraser Health's PCQO will provide a written response to the complainant regarding the original concerns brought forward in [date].

7. *Concern about an arterial line bleed and delays in completing deep wound closure surgery.*

Recommendation	*Response*
i. That Fraser Health provides the complainant with the information from [the doctor's] surgical consultation of [date], about what likely caused the arterial bleed. If the patient remains concerned following the response, the Patient Care Quality Office (PCQO) should schedule an in-person meeting with the appropriate medical professional to answer his further questions.	*i.* Fraser Health's PCQO has contacted the [acute care facility's] health records and will make arrangements to get the surgical consultation of the doctor sent to the patient, along with a letter outlining the possible (or likely) cause of the bleed.

8. *Complaint regarding emergency department care, details of Strangers in Crisis training, communication between staff and patients, and overall attitude of staff.*

Recommendation	*Response*
i. That the Patient Care Quality Office (PCQO) provides [the patient] with the learning objectives of the Strangers in Crisis workshop.	*i.* Fraser Health's PCQO has provided the patient with the learning objectives of the Strangers in Crisis workshop in a letter dated [date].

9. *Complaint regarding conduct of emergency department staff, as well as improvements to patient information and emergency department decor.*

Recommendation	*Response*
i. That the Patient Care Quality Office (PCQO) provides [the patient] with a list of resources available to [the patient] through a pain clinic or elsewhere in the health authority that may enable [the patient] to better manage [the patient's] health care needs and/or provide [the patient] opportunities for counselling.	*i.* Fraser Health's PCQO consulted with staff at the pain clinic regarding patient's health care needs. A care plan was developed for the patient and their family physician to work with. The PCQO provided the patient with information regarding the care plan and recommendations that staff made for the patient.

10. *Concerns regarding an adverse reaction to a stress myocardial perfusion study and subsequent health authority response.*

Recommendation	*Response*
i. That if Fraser Health hasn't already shared the recommendations from the quality assurance review with the patient and her family, then the health authority should arrange a meeting between those responsible for implementing the recommendation and the patient and her family to discuss these recommendations and what stage the Fraser Health is at in implementing those recommendations.	*i.* Fraser Health shared the recommendations arising from the quality assurance review in a letter to the complainant on [date]. In the letter, Fraser Health extended an invitation to meet with the family should they wish to discuss the status of implementing the recommendations in person.
Recommendation	*Response*
i. That in the future, Fraser Health follows its Disclosure of Harm to Patients policy and immediately provide the opportunity for counselling and/or spiritual services to any patient who has experienced harm whether they ask for the services or not. The opportunity for services should also be extended to the patient's family.	*i.* The patient safety review that was completed, including its recommendations, has helped Fraser Health to learn from the patient's health care experience and to improve the process of providing supports to patients and their families in the future.

11. *Concern about wait time for emergency department visits.*

Recommendation	*Response*
i. The board recommends that Fraser Health provides a written response to the following concerns along with an update as to the implementation of actions in response to the complaint. ***a.*** The emergency department (ED) nurse who administered the patient's intramuscular pain medication on (date), did not have identification. ***b.*** The ED nurse who administered the patient's intramuscular pain medication on (date), was not wearing gloves. ***c.*** Nurses did not provide timely administration of medication on (date). ***d.*** The attitude and conduct of ED staff on (date) and (date). Specifically, the actions taken regarding the educational program for all staff which focuses on respectful, supportive interactions, and clear communication between patients, families and staff.	*i.* A written response will be sent to the complainant as per the board's recommendation.

Recommendation	*Response*
i. The board recommends that Fraser Health reviews current best practices for management systems and communication to patients of follow-up care in the emergency department (ED) in order to ensure that patients who are instructed to return to the ED for a service such as advice concerning test results, are given appointment times and that any unnecessary further triage and ED assessment is avoided.	*i.* This recommendation will be considered with a view to review the current best practices for management systems and communication to patients of follow-up care in the ED to see where the system can be improved.

12. *Concern regarding neglect of a non-acute care patient admitted from a convalescent care unit to hospital.*

Recommendation	*Response*
i. That Fraser Health ensures that when an allegation of abuse or neglect is made, including one made by a patient or a family member or friend, the matter is investigated in accordance with its standard protocol. The protocol should include a requirement to document the report of the alleged abuse or neglect, the investigations made, and the results of the investigations. The protocol should also require that the health authority ensure that detailed notes are taken during meetings where the allegations are discussed with the complainant.	*i.* Fraser Health has reviewed all relevant policies and procedures dealing with the reporting and investigative process of alleged abuse. Fraser Health is confident that the established processes for alleged improper conduct are in place and fully implemented.

Recommendation	*Response*
i. That Fraser Health has this patient's care reviewed by a geriatrician to: *a.* determine what may be learned from it and communicated to staff to improve care generally; and *b.* assess the steps already taken or proposed by the health authority as improvements to care arising from this matter and determine if they have improved the care provided to patients in the unit or if other steps may be appropriate.	*i.* A geriatrician and a clinical nurse specialist were assigned to review this patient's care. They have provided the health authority with recommendations about care related to this case in accordance with our quality review processes.

13. *Concern regarding loss of temporary reduction in the assessed client rate for home and community care services.*

Recommendation	*Response*
i. That Fraser Health ensures the language used in correspondence or discussions regarding the Home & Community Care Policy Manual aligns with the language used in the Home & Community Care Policy Manual.	*i.* Fraser Health will ensure the language used in correspondence or discussions regarding the Home & Community Care Policy Manual aligns with the language used in the Home & Community Care Policy Manual. The Home Health program will review in the coming months.
Recommendation	*Response*
i. That Fraser Health has the Patient Care Quality Office (PCQO) arrange a meeting with the complainant, and a home and community care representative to address all of the [patient's] questions and ensure [the patient] understands the rationale for the decision.	*i.* The PCQO mailed a letter to the [complainant and patient] to invite them to contact us if they wish to attend a meeting. If they choose to contact PCQO, then a meeting will be arranged with the appropriate parties.

14. *Concern about a suicidal patient leaving emergency room without being seen who two days later committed suicide.*

Recommendation	*Response*
i. That Fraser Health reviews the actions taken by (facility) in response to the complaint and organize educational sessions for all emergency department intake staff on available mental health resources and how to effectively communicate with mental health clients.	*i.* The recommendation will be shared with leaders in Fraser Health's emergency program for discussion at an upcoming quality performance meeting.

15. *Concerns about patient contracting C-difficile and a staph infection in a surgical wound due to unsatisfactory cleaning standards at an acute care facility, as well as lack of response from Patient Care Quality Office.*

Recommendation	*Response*
i. That Fraser Health has the Patient Care Quality Office (PCQO) respond to the complainant's concerns in writing and provide a response to the complainant's unaddressed concerns regarding the [acute care facility].	*i.* Fraser Health's PCQO has responded in writing to the complainant and shared the BC Health Authorities Cleaning Outcome Audit Standards and the results of the Westec FM Inc. cleaning audit at [acute care facility]. The PCQO was also able to confirm that there was no C. Difficile outbreak during the time in question.
Recommendation	*Response*
i. That Fraser Health develops a process for documenting hospital acquired surgical site infections so that they can be reviewed to find the source of the infection and so that appropriate follow up care can be provided for those patients after discharge.	*i.* [Acute care facility] does not have a formal process for reviewing individual patients who develop surgical site infections and often are not even aware unless they are very serious and require further intervention, such as surgery. If [acute care facility] is aware of serious issues or concerns this could be formally reviewed either by a patient safety review or other means, but it would be a very serious event. The National Surgical Quality Improvement Program (NSQIP) does collect data on infections, but not on all patients, only those selected for the NSQIP data base 40 every eight days at each site. The NSQIP collects data on infections that are superficial, deep organ and sepsis. However, Fraser Health infection control does follow infections that meet certain criteria.
Recommendation	*Response*
i. That Fraser Health has the Patient Care Quality Office (PCQO) review their communication strategy when they are not able to make telephone contact with a complainant.	*i.* Fraser Health's PCQO has consulted with Vancouver Coastal Health's PCQO for communication strategies in order to make timely contact with the complainant. Fraser Health's PCQO is looking to develop a standardized process.

16. *Concern regarding loss of dentures, cleanliness and diet during acute care hospital stay.*

Recommendation	*Response*
i. That FH reviews Patient Care Quality Office (PCQO) workloads and capacity for services of incoming complaints, including review of the resources available to the PCQO and make adjustments, if necessary.	*i.* FH complaints management process will make use of the BC Patient Safety and Learning System complaints module to monitor and report status and action arising from complaints and review board recommendations.

17. *Concerns regarding prescribed medication, nursing care, visitor parking fees, discharge planning, and a general lack of housekeeping/infection control practices.*

Recommendation	*Response*
i. That Fraser Health informs the complainant of Dr. Gardam's report/recommendations in writing, and the subsequent actions taken by the health authority relevant to the complainant's specific concerns regarding cleanliness.	*i.* Letter sent to complainant detailing recommendations and action items from the Gardam report relating to cleanliness.

Recommendation	*Response*
i. That Fraser Health explains to [complainant] specifically, by whose decision and on what date the infection outbreak status was cleared at [acute care facility] and [residential care facility], and how this information was communicated to [the patient's] care staff. It should also explain whether the patient's discharge was triggered by [the complainant's] contact with a social worker on [date], (the very day the outbreak status was cleared at both facilities) or whether this process was already underway.	*i.* In the case of the patient, the outbreak was declared over by the medical health officer on [date], both at [acute care facility] and at [residential care facility]. Information about declaring the outbreak over is communicated internally through electronic mail, as well as through the facility director of care/ manager. The staff on the unit processed the patient's discharge only after they had learned that the outbreak at [residential care facility] had been cleared by the medical health officer. *ii.* The gastrointestinal outbreak notification is sent electronically to select distribution e-mailing lists, maintained by the medical health officer's office.

Recommendation	*Response*
i. That Fraser Health reviews hospital policies in regards to transferring patients during outbreaks of infections of gastroenteritis against those which apply to residential care facilities, to ensure they provide a consistent approach.	*i.* Fraser Health has reviewed hospital practices under Fraser Health's *Managing Outbreaks of Gastroenteritis in Residential Care Facilities*, which include guidelines to postpone transfers to other facilities (except where medically necessary), postpone new admissions, do not transport ill residents using public transportation (e.g., buses, taxis, HandyDART), consider postponing meetings in the facility that include outside participants and a process to protect visitors. *ii.* Residents who were gastrointestinal outbreak cases and were transferred for medically necessary reasons may return to the facility when medically indicated. *iii.* Return of residents who were not cases, but were transferred for other medically necessary reasons before or during the outbreak, require a risk/benefit assessment before returning. This assessment should include input from the attending physician, the care facility, and the resident or the resident's decision maker.

18. *Concern regarding the quality of care provided by physicians and nurses caring for patients having gall bladder surgery. In addition, concern about the cleanliness of the hospital, being in a room with men, and the application and removal of leg pressure wraps (sequential compression devices or SCDs).*

Recommendation	*Response*
i. The board recommends that Fraser Health informs the complainant that the hospital has an ongoing responsibility to ensure the competency of all staff and of all physicians or other professionals granted admitting and treatment privileges, and that it will follow up with the physician in regard to the investigation by the College of Physicians and Surgeons of BC and the results of that process.	*i.* Accepted as written.

Recommendation	*Response*
i. The board recommends that Fraser Health shares with the complainant the action list of the Gardam Report with respect to environmental cleaning initiatives and housekeeping contracts.	*i.* Accepted as written.

Recommendation	*Response*
i. The board recommends that Fraser Health reviews the workload of the Patient Care Quality Office and ensure that the office has adequate resources to respond to complaints within legislated timelines.	*i.* Accepted as written.

19. *Concern regarding articles of clothing lost at acute care facility.*

Recommendation	*Response*
i. That Fraser Health has the appropriate staff at [acute care facility] review its forms dealing with valuables and clothing upon admission to hospital to ensure that the forms are: consistent; take into account patient rights and legal advice; and are written in plain language.	*i.* A formal guideline/procedure providing explicit instructions on the Emergency Nursing Assessment Record (ENAR) form completion does not exist for registration staff. [Acute care facility] Emergency room (ER) team will be developing a guide/procedure and incorporating it into existing education and orientation sessions including review by all Fraser Health ER clinical nurse educators during daily huddles to ensure that this section is completed on all ER patients. This should help increase the form completion rate.

Recommendation	*Response*
i. [Acute care facility] should also ensure that patients are given notice of what is done with personal effects taken into the possession of the hospital, particularly in situations where the hospital decides that it is going to dispose of them.	*i.* Fraser Health Information Management registration staff is to have patients sign admission forms when patients are admitted to hospital. The admission form includes demographics, next of kin, account information, Most Responsible Physician, etc. in the top section of the form. In the bottom section there is an "Application for Benefits" section, "Waiver of Responsibility for Personal Effects and Valuables" section and "I have read the above statements, understand and agree to them" section. A guideline, as well as education sessions for staff, will be developed to ensure consistent form completion.

20. *Complaint about clinical decision not to perform an emergency caesarean section at an (acute care facility) and to transfer patient and baby to [acute care facility].*

Recommendation	*Response*
i. That Fraser Health reviews the facilities available at [acute care facility] for supporting patients who have experienced tragic events, and ensure staff is trained to provide care that supports a patient's spiritual and psychological needs following these events.	*i.* There is counselling by a social worker, who is trained to provide care to support a patient's spiritual and psychological needs following perinatal loss, available at all Fraser Health maternity sites.
Recommendation	*Response*
i. That Fraser Health has its Patient Care Quality Office provide the complainant with an explanation for why and how decisions were made in arranging an ambulance transfer from [acute care facility] to [acute care facility].	*i.* Fraser Health has responded in writing to the complainant and shared the decision to transfer based on the condition of the fetus.
Recommendation	*Response*
i. That Fraser Health ensures that patients are informed in advance of a scheduled family meeting about who will be in attendance, particularly if someone whose attendance is requested or would reasonably be expected is not going to attend.	*i.* Fraser Health and the Patient Care Quality Office will ensure we standardize the approach to informing the patients and families who will attend family meetings.

21. *Concerns regarding inappropriate acute mental health intake and discharge.*

Recommendation	*Response*
i. That Fraser Health reviews [acute care facility] emergency department procedures and practice as they relate to the *Mental Health Act* and the rights of mental health patients to ensure that: *a.* staff are properly informed and trained in the policies and procedures relating to the rights of mental health patients; *b.* those policies and procedures clearly define and delegate 'Director' thus providing for the clear delegation of responsibility and decision making when providing information to involuntary admissions patients on their admission status and their rights as an involuntary patient as required in Section 34 (3); and *c.* notices are posted conspicuously in the emergency department that identify patient rights in Form 13 and Form 14 as required by Section 5.	*i.* It is acknowledged that ongoing education and training for all staff relating to the rights of mental health patients and involuntary status is required. *ii.* Mental Health and Substance Use/emergency department meeting will determine how *Mental Health Act* information can best be delivered to all staff and physicians who work in the emergency department. Manager of psychiatry at [acute care facility] has communicated with all psychiatry staff regarding how the *Mental Health Act* relates to the rights of clients. Face to face follow up meetings with program coordinators to follow. *iii.* The receiving mental health staff in the emergency department is designated with the responsibility to inform the person of his or her rights (Form 13). Please find attached the Fraser Health policy "Rights Advice and Near Relative Notifications."Psychiatric liaison nurse specialists to ensure that all involuntary patients are made aware of their rights at the time of admission (this should be documented) and that Form 13 (or Form 14 as appropriate) is completed for all involuntary patients. *iv.* There is no appropriate wall space, so the documents are clearly marked in a binder in the quiet room in the emergency department where psych patients are seen. Communication was sent by the manager of psychiatry informing all staff about this issue. Mental Health and Substance Use social work will ensure the *Mental Health Act* is appropriately posted in the gastroenterology procedure unit, pediatric intensive care unit and psych clinical decision room and this will be reviewed monthly to ensure it is available as posted.

Recommendation	*Response*
i. If the patient agrees, that Fraser Health arranges with the patient for her to have another psychiatric assessment with a view to developing an individualized and ongoing community care plan through [city] Mental Health.	*i.* Fraser Health's Community Mental Health Services are allocated based on specific geographic boundaries where individuals are referred to the mental health centre that is located within their catchment area. Exceptions are approved on a case by case basis. An exception will be made for this complainant, who will be offered an appointment for assessment at [community] mental health centre.

Recommendation	*Response*
i. That Fraser Health reviews the Patient Care Quality Office (PCQO) workloads and service capacity for incoming complaints, including a review of the resources available to the PCQO, and to augment its resources if that is seen to be appropriate.	*i.* Work is underway to streamline Fraser Health's complaints management process to optimize use of the BC Patient Safety and Learning System (PSLS) complaints module to ensure data integrity and to enable accurate reporting. *ii.* The PSLS recommendations module, following a pilot with patient safety reviews, will be used by the PCQO to monitor and report status and action arising from complaints and review board recommendations.

22. *Concern regarding loss of subsidized residential care facility bed after discharge from acute care facility.*

Recommendation	*Response*
i. That Fraser Health re-examines the First Appropriate Bed policy exception application in this case and exercise discretion to allow or to refuse the application based upon consideration of all relevant factors if the resident so requests after being informed of any potential that such reconsideration may jeopardize: *a.* [Patient's] current position on the waiting list at [residential care facility]; or *b.* [Patient's] ability to remain in the current room at [residential care facility].	*i.* Fraser Health's executive director of Residential Care and Assisted Living met with Ministry of Health staff to review Fraser Health's First Available Bed (FAB) policies and patient information brochures, which were found to be in compliance. *ii.* Fraser Health Ethics Services will facilitate a system-level ethics consult to ensure the creation of an ethically justified and defensible process and criteria for FAB placements and FAB exemption requests. *iii.* Based on process, the request for exception for the resident to remain at [residential care facility] with status changed to a funded bed was not approved. Fraser Health is willing to work with family to go through the FAB process to move from a current private pay bed to a funded one without jeopardizing care needs. Resident remains on transfer list for preferred facility and it is unknown the exact date a bed will become available. *iv.* Contact information has been provided to the family if they wish to pursue the FAB process at any time.

23. *Concern regarding inadequate pre-operative screening, patient's do not resuscitate (DNR) orders and autopsy.*

Recommendation	*Response*
i. That Fraser Health develops a pre-operative surgical risk assessment tool and pathway protocol, including: ***a.*** Best practice research as to whether it should apply to all elective surgical procedures or just to patients in high-risk categories. ***b.*** Post-surgery pathways for patients where specific care requirements can be identified pre-operatively. ***c.*** A prominently displayed RISK ALERT on the patient's chart (similar to allergy alerts) when the risk assessment tool identifies the patient as high risk.	*i.* A pre-operative risk assessment tool "Pre-operative Baseline Risk Screen & Actions" was developed and has been used by pre-admissions clinics (PACs) in Fraser Health since April 2012. This form is completed by clinic staff for all patients and is used to determine the need for PAC visit prior to surgery as well as an anaesthesia consultation. *ii.* There are also areas on this pre-operative risk assessment tool for the anesthesiologist to complete which indicates the need for post operative monitoring or ICU admission, etc., as required and determined by the anesthesiologist. *iii.* The pre-operative risk assessment tool is completed prior to all surgical intervention and risks are identified during that process. If a patient is deemed at high risk a plan is put in place to mitigate harm prior to surgical intervention. The risks are captured on the risk assessment tool which alerts the anesthetist who then can order more tests and order a monitored bed if required. *iv.* The Adult Trend and Trigger Clinical Decision-Making tool is being used at test units. Next steps include audit, revisions and spread to additional units.
Recommendation	*Response*
i. That Fraser Health provides cardiac monitoring for patients undergoing elective surgery who, like this patient, are over 70 years old and have a history of some or all of the attributes, including previous vascular surgery, angina, hypertension, arrhythmia, congestive heart failure, chronic renal disease, pulmonary disease, and insulin dependent diabetes.	*i.* The need for cardiac monitoring for patients undergoing elective surgery is made after assessment of each patient. History of past conditions and illnesses is an important piece to consider. The pre-operative risk assessment tool will highlight the need for potential cardiac monitoring requirements post-operatively. In addition, the anaesthesiologist, based on their assessment, can order cardiac monitoring as required.

Recommendation	*Response*
i. That Fraser Health uses this case as an example not to be followed, regarding communication between the referring physician, the surgeon, and the hospital in regards to a patient's health status and do not resuscitate (DNR) orders and develop improved communication protocols to avoid these problems being repeated.	*i.* Fraser Health's Medical Orders for Scope of Treatment (MOST) protocol gives a guideline on patient code status and scope of treatment decisions. The protocol also provides a framework for advance care planning conversations and documentation. As such, this policy will replace Fraser Health's cardiopulmonary resuscitation (CPR) and DNR orders. *ii.* Within the MOST protocol, patients' charts are to contain a Greensleeve, with information on MOST, provincial No CPR form, Advance Care Planning form, advance care plans and Fraser Health's Confirmation of a Substitute Decision Maker form. The Greensleeve is at the front of each chart and will foster communication between care givers. *iii.* As stated in the MOST and Advance Care Planning policies, the Most Responsible Physician is ultimately responsible for discussion and documentation of the MOST form.

Recommendation	*Response*
i. That Fraser Health ensures that when an autopsy is requested, staff communicates clearly to the family of the deceased patient whether and when the autopsy will be performed and if the coroner and hospital decide not to proceed, provide reasonable notice and information to the family on how they can make their own arrangements for it to be done.	*i.* Fraser Health's surgical staff is now aware of the need for family to sign consent for autopsy. The staff would inform the family if the family is still present. If not, then Health Records would notify the family. *ii.* Once the body has left the unit, communication about the performance of the autopsy to the family would come from Pathology and the Patient Registration Service staff. *iii.* In the Private Pay Autopsy Request policy, Patient Registration Services staff confirms that the next of kin or nursing staff have contacted the patient's physician to request a hospital autopsy and informs the next of kin that completion of private pay autopsy request forms does not mean that the autopsy will be performed. The request and information must be reviewed and approved by a pathologist prior to the case being accepted for autopsy.

24. *Concern regarding lack of mental health care or services, lack of transportation to mental health services, lack of home service, and breaching confidential patient information.*

Recommendation	*Response*
i. The board recommends that Fraser Health has the [city] mental health centre set a definite appointment time for the complainant to be re-assessed for mental health services. [City] mental health centre staff should ensure that: *a.* the appointment time coincides with the transportation services available to the complainant (e.g. HandyDART) *b.* they provide the complainant with contact information for mental health advocacy services in advance of the appointment, so that, if [the complainant] chooses, [the complainant] can arrange for an advocate to attend the meeting with [the complainant].	*i.* An appointment has been set up for the complainant at the [city] mental health centre for [date and time]. A contact number for the program coordinator has been provided to the complainant if the appointment needs to be changed for any reason. *a.* Transportation is available through HandyDART for appointment time. *b.* Advocacy services for [city] are provided through [advocacy service provider]. Contact information was provided to complainant. *ii.* [City] Mental Health will call the complainant to confirm appointment date, transportation schedule, and advocacy information.

25. *Concern regarding conduct of dental hygienist at a public health unit.*

Recommendation	*Response*
i. That Fraser Health instructs [public health unit] intake staff to conduct an assessment of whether a client may require access to Provincial Language Services during the telephone call to schedule an appointment	*i.* The client booking process will be reviewed with management and administrative staff. The review will include developing a standard intake process to include identifying if a client has been previously assessed at another health unit and a review of those records if applicable, to identify if there is need for interpreter services, and to communicate general appointment expectations to the client.

Recommendation	*Response*
i. That Fraser Health has the [public health unit] use this incident as an in-service training case to review the appropriate management and handling of difficult clients including clients whose first language is not English.	*i.* A case study approach will be utilized to present this case to the [city] Public Health team. The purpose will be to engage the team in identifying strategies for how to improve service delivery to clients who present with challenges such as language barriers, and to identify any other measures that might have prevented the escalation of this scenario.

Recommendation	*Response*
i. That Fraser Health provides [public health unit] staff access to a clinical resource to contact for assistance in deescalating client behaviour as an intermediate measure prior to contacting the police.	*i.* All [public health unit] staff is required to complete Prevention and Management of Aggressive Behavior training. *ii.* Both the [public health unit] manager and Dental Program manager are accessible by mobile device during business hours. *iii.* Option of installing panic buttons in the clinic rooms is currently being investigated.

26. *Concern regarding care at an acute care facility and at a community care facility.*

Recommendation	*Response*
i. That Fraser Health encourages timely communication by physicians admitting patients known to be in the care of specialists at other facilities (including where surgery is scheduled), to ensure timely sharing of information and delivery of care.	*i.* Fraser Health is developing a Regional Care Plan initiative (under the Ministry of Health's 48/6) that will begin at point of entry into the health care system. The care plan tool, completed by physicians and health care professionals will follow the patient as they move along the continuum of his/her patient journey (including transfer to facility) ensuring seamless care and improved communication between all parties.

Recommendation	*Response*
i. That Fraser Health ensures [acute care facility] adheres to the *Prevention of Skin Breakdown due to Pressure, Friction Shear, Moisture in Adults and Children, to Prevent Skin Breakdown* guidelines. This should include discussions about mitigation and treatment strategies with patients and their families when a patient is at high risk of skin breakdown and pressure wounds.	*i.* Fraser Health has on-line clinical decision support tools available to all staff, including presentations, learning assessment and evaluation tools, chart audits, pamphlets, posters, pocket guides, as well as a readiness assessment for implementation of a sustainable Pressure Ulcer Prevention program. The readiness assessment tool will help determine the unit's degree of readiness and the required resources required for the implementation

Recommendation	*Response*
i. That Fraser Health has its Patient Care Quality Office provide the complainant with the results and actions taken from the medicine program review and the results of the scheduled facility-wide cleaning process and hospital-wide de-clutter campaign at [acute care facility].	*i.* Actions from the medicine program review will be completed by September 2013: *a.* Speech language pathology and registered dietician groups to collaborate to develop guidelines to monitor and manage patient's NPO status; *b.* Skin care assessment and management including appropriate use of the Braden Scale to be reviewed with Medicine program nursing staff at [acute care facility]; *c.* Request diagnostic services to provide nursing units with preset preparation tools. *ii.* The facility-wide cleaning process and scheduled hospital-wide de-clutter campaigns began in [date] and have been embedded into ongoing, daily practice.

Recommendation	*Response*
i. That Fraser Health has [community care facility] management share the complainant's concerns about behaviour and conduct of care aides with staff at the facility with a view to focussing on standards of care, including compassionate and empathetic care.	*i.* The complainant's concerns were addressed at staff meetings shortly after the patient passed away. A clinical nurse educator was hired for the Fraser Health Patient Assessment and Transition to Home (PATH) program. A comprehensive PATH orientation program is in development.

Recommendation	Response
i. That Fraser Health ensures consideration is given to the location of the patient's and his/her family's residence when transferring the patient to a new facility. If the health authority is unable to accommodate the patient's preferred location, it should ensure that an adequate explanation for its transfer decision is provided to the patient and his/her family.	*i.* Fraser Health ensures consideration is given to the location of the patient's and his/her family's residence when transferring a patient to a new facility and supports open communication with patients and families regarding transfer decisions. *ii.* The booklets "Let's Get you Home" and "Let's Keep you Home" have been revised to provide patients and families better information on PATH and how transitions home can be supported. Since May 2012, Fraser Health has eight dedicated PATH units in eight different locations that will allow for more flexibility in transfer decisions.

27. *Concern regarding administration of vaccines, consent and confidentiality practices.*

Recommendation	Response
i. That Fraser Health considers using a human factors specialist to review their process for conducting mass immunization clinics to ascertain whether or not additional improvement can be made to minimize errors.	*i.* Fraser Health will engage an operational engineer to review the practices at the next mass immunization clinic and he/she will provide a report to the Office of the Vice President of Public Health and Chief Medical Officer. Fraser Health will review the report and share the findings with the review board.

28. *Concern regarding assessment for Assisted Living facility.*

Recommendation	Response
i. The Fraser Patient Care Quality Review Board recommends that Fraser Health reiterate the options available to the family and that the family work constructively with the health authority for a timely and orderly move to a new facility and location.	*i.* Fraser Health will work with the assisted living facility to help find alternative accommodation and have provided contact information for the case manager and assisted living manager in a letter to the complainant.

29. *Concern that hospital staff did not inform family to advise them of involuntary admittance under the Mental Health Act.*

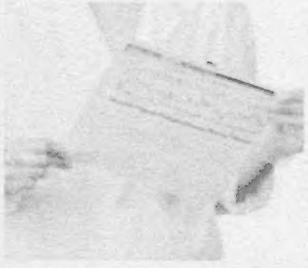
Recommendation	Response
i. That Fraser Health directs the chief of staff of [acute care facility] to review the charting for this patient with a focus on the requirements of the *Mental Health Act* to ensure that the hospital is meeting its record keeping requirements.	*i.* The patient's chart was reviewed and found to be lacking forms 16, 17 and 18 as required under the *Mental Health Act.* *ii.* Information from the review board will be disseminated to staff, an in service on documentation will be provided to mental health and emergency room staff, a case will be presented to psychiatry department physicians and staff will continue random chart audits.

Recommendation	*Response*
i. The Fraser Patient Care Quality Review Board recommends that Fraser Health shares this decision letter with the health care team involved in this case for educational purposes to improve patient charting and ensure they meet and apply the requirements of the *Mental Health Act*.	*i.* Recommendations will be shared with the health care team. Patient audit numbers are planned to increase as training and practice changes occur.

30. *Concern regarding post-operative care, patient discharge education and Patient Care Quality Office (PCQO) response.*

Recommendation	*Response*
i. That the PCQO provide [complainant] with a complete written response addressing all of the complainant's concerns.	*i.* The PCQO sent a letter to the complainant.

Recommendation	*Response*
i. That the chief of staff at [acute care facility] be provided with a copy of the board's decision letter and remind each of the medical staff involved in [the complainant's] care of the importance of effective communication with patients, including ensuring (a) that patients acknowledge and understand the information provided, (b) adequate provision is made for follow-up care after surgery , (c) the patient's discharge summary is fully completed and all relevant information set out, and (d) in follow-up with patients an empathetic approach is used.	*i.* The department head for the program will present her case for teaching and awareness purposes to the Perinatal and Neonatal Quality Performance Committee and to the Maternal/Infant/Child/Youth department heads with a goal to review and enforce the importance of effective communication.



31. *Concern regarding systemic problems of Acute Care for Elders unit at [acute care facility] and dissatisfaction with Patient Care Quality Office review process.*

Recommendation	*Response*
i. That Fraser Health has the medical director for the Acute Care for Elders (ACE) unit, review with staff their communication with patients/families, the care, care plans and timely consultations with consideration given to the goals of the unit, as outlined on the welcome brochure.	*i.* The program director or designate will present a review with staff in regard to communication, care, care plans and timely consultations with consideration to the goals of the unit outlined on the welcome brochure.
Recommendation	***Response***
i. That Fraser Health facilitates a review of the ACE unit, to evaluate compliance with their published goals, as part of their evaluation of the operation of the unit and to maintain its high level of care.	*i.* Public quality indicators containing monthly audits have recently been implemented/ posted openly for all to see. Program and unit leadership also monitor indicators of care and quality through regular Program Quality Performance Council meetings as well as established operational reports.
Recommendation	***Response***
i. That Fraser Health ensures the ACE unit welcome brochure is distributed to all patients/families and that the 'going home checklist' within the brochure is reviewed and discussed with staff.	*i.* Every patient receives a brochure during nursing admission to the unit as well as an activity of daily living (ADL) sheet posted above each bed to record patient goals and ADL status. *ii.* Staff receives ongoing education about formal use of the going home checklist.

32. *Concern regarding care received at acute care facility.*

Recommendation	*Response*
i. That Fraser Health has the medical healthcare professionals involved in providing this patient's care in the [acute care facility] review the board's decision letter with a view to discussing the importance of: listening to and documenting the collateral information provided by patients and their families about the patient's health status and care plan; and adequate charting with the proper documentation of adverse events.	*i.* Fraser Health's Surgical Services and Emergency departments have reviewed the decision letters. Fraser Health's Documentation policy has been finalized and states that "Documentation is a vital component of safe, ethical and effective patient/client/resident care. The purpose of this policy is to ensure healthcare providers engage in documentation that meets professional, legislative and health authority standards; accurately reflects care provided; demonstrates responsibility and accountability for actions and decisions; facilitates communication between healthcare providers and with the patient/client/resident; meets evaluation and epidemiological needs; meets copyright requirements; forms a record of care that can be used for legal purposes; and facilitates ongoing care and system delivery needs."
Recommendation	*Response*
i. That Fraser Health has the [acute care facility] redact the personal information of other persons on the patient transfer record and provide a copy to the complainant.	*i.* Patient transfer form used was not kept as part of the medical record; however, to improve the transition of patients and to maintain accurate documentation, the patient transfer form was updated in [date] and must be filed in the patient chart. The new forms contain information pertinent about the patient being transferred only.
Recommendation	*Response*
i. That the Ministry of Health reviews this case with a view to determining whether patient charting standards can be improved so as to ensure that important patient information (such as higher risk conditions) are given prominence so that they are readily seen and understood by health care providers.	*i.* Response in progess.

Recommendations and Responses | *Interior Health (IH)*

IH is responsible for a broad geographic area of over 216,000 square kilometres, including both larger cities and rural communities, with a population of more than 742,000 people.

The board reviewed 15 cases from IH in 2012/13, resulting in recommendations in 11 of those cases, 14 for care quality improvement and one for improving the complaints process. There were no recommendations in four of the cases.

Many of the board's recommendations to IH focussed on communication. For example, recommending that the health authority ensure they meet all patients' medical needs according to the Canadian Emergency Department Triage and Acuity Scale guidelines and if there are delays to make regular communication with patients to keep them informed. In a separate case, the board recommended that pre-surgical booking guidelines be revised to ensure patients are informed about their responsibility for making appropriate travel/accommodation arrangements.

In response to the recommendations, IH will improve the tracking and documentation of the triage process, communicate the progress of safety reviews to patients and families. They will also provide educational handouts/resources for patients in the waiting room to assist with their understanding of why the wait.

1. *Concern regarding medication administration and unanswered call bells at acute care facility.*

Recommendation	***Response***
i. That Interior Health ensures that [acute care facility] put in place measures to prevent non-authorized personnel and clients from accessing the nurses' station and the call bells.	*i.* Although there are no known prior incidents of unauthorized patients or persons accessing the call bells or the nurse's station, to prevent a similar situation from happening in future, one to one staffing will be assigned as required.
Recommendation	***Response***
i. That Interior Health ensures that adequate investigation of the complainant's concern that a nurse tried to force medication into the mouth of her mother on [date], has occurred and that the results are provided to the complainant.	*i.* The outcome of additional investigation will be provided to the complainant.

2. *Concern regarding wait time for hip replacement surgery.*

Recommendation	***Response***
i. That Interior Health ensures that the Quality Committee charged with reviewing this matter give consideration to the tracking and documentation of the triage process for add-on/emergency surgery cases.	*i.* The Surgical Council will be provided with this recommendation from the Patient Care Quality Review Board for their discussion and consideration.

Recommendation	*Response*
i. That Interior Health provides the complainant with the Quality Committee's recommendations related to this case, to the extent that they are able, through an in-person meeting.	*i.* The patient safety investigator who facilitated the critical incident review has already committed to meet with the complainant once the recommendations have been finalized.

Recommendation	*Response*
i. That Interior Health reviews the intake of this complaint and determines where improvements could be made to bring the expertise and responsiveness of the Patient Care Quality Office into the complaint management process at an earlier stage.	*i.* Staff should have communicated earlier with the complainant about the progress of the review as it unfolded. Interior Health has learned from this event to ensure family is kept apprised of the progress of safety reviews.

3. *Concern regarding pharmacy and medication administration policy at an acute care facility.*

Recommendation	*Response*
i. That Interior Health prepares an information sheet or brochure that can be provided to patients and/or families that informs them, in plain language, of the difference between formulary and non-formulary drugs and the patient and/or family's obligations regarding their use while in care.	*i.* Work has commenced on the recommended patient communiqué. This recommendation was taken to the BC Health Authorities Pharmacy and Therapeutics Committee on [date]. The committee recommended that this should be implemented provincewide.

4. *Concern regarding IV insertion and post surgical care.*

Recommendation	*Response*
i. The board recommends that the health authority have the hospital review this matter with regard to the use of Emla as a topical anesthetic and the necessary time required to provide optimal topical anesthesia.	*i.* The acute health services administrator for [acute care facility] will ensure the use of Emla is reviewed with staff in the perioperative area.

5. *Concern about notice of surgical slate time and overnight accommodation prior to surgery.*

Recommendation	*Response*
i. That the [acute care facility] pre-surgical booking guidelines be revised to ensure surgical patients are informed about their responsibility for making appropriate travel/accommodation arrangements in consideration of a potential early surgical slate time. To assist in this, [acute care facility], if requested, should make available a list of nearby accommodations and provide social service support for patients who still require assistance.	*i.* [Acute care facility] has confirmed that staff currently provides a list of the hotels for all surgical patients. Descriptive guidelines that accompany the pre surgical screening questionnaire that is sent to surgical patients will be reviewed and added to the preparing for surgery page in the surgical care section of Interior Health's website.

6. *Concern about discharge process from tertiary care mental health facility to the community.*

Recommendations	*Response*
i. That Interior Health reviews the extended leave procedures under the *Mental Health Act* and ensure that designated facilities, including [mental health facility], follow the requirements of placing a patient on extended leave. *ii.* That Interior Health ensures all staff working in designated facilities are trained to follow the *Mental Health Act,* particularly regarding the provisions for placing a patient on extended leave.	*i.* *Mental Health Act* Compliance Audit was initiated to: *a.* Assess Interior Health's process for completing the medical certificates and related forms to determine if processes are compliant with the act. *b.* Determine whether Interior Health processes for appointing directors and their authorization to delegate others to perform duties in their role complies with the act. *c.* Analyze leading practices in the delivery of related services under the act and identify potential opportunities for improvement.

Recommendation	*Response*
i. That Interior Health follows up and provides a clear response to [the complainant's] initial complaint and include an apology to [the complainant and the patient].	*i.* The regional director of Tertiary Mental Health, with the assistance of the director of the Patient Care Quality Office, will write to the complainant and patient with an apology and further response to the initial complaint.

7. *Concern about excessive wait and care in the emergency department of an acute care facility.*

Recommendation	*Response*
i. That Interior Health ensures it meets all patients' medical needs according to Canadian Emergency Department Triage and Acuity Scale guidelines, and that if treatment is delayed, that regular communication with patients occurs to keep them informed and aware of delays.	*i.* Staff that perform triage will be re-educated on the need to reassess patients in the waiting room and inform and update them on the wait. Interior Health will provide educational handouts/resources for patients in all emergency rooms to assist with their understanding of why the wait.

8. *Concern regarding injury acquired during routine venipuncture and the post-procedural care provided.*

Recommendation	*Response*
i. That Interior Health uses this incident as an educational training tool to inform lab technicians across Interior Health of the potential for rare but serious complications resulting from routine procedures such as venipuncture, as well as the appropriate course of action should an event such as this occur again.	*i.* Written guidelines for staff to follow in the event that a large hematoma or other complications are identified post phlebotomy will be developed and communicated to all Interior Health laboratories that perform phlebotomy.

9. *Concern about wait time for IV insertion and misplaced personal medical folder at an emergency department following transfer from a community nursing clinic.*

Recommendation	*Response*
i. That when a patient is referred from the community nursing clinic at [acute care facility] directly to the emergency department, they are reminded to check in at the triage desk.	*i.* This reminder will be included in the next weekly newsletter and the expectation will be that staff will remind patients of the need to check in. There is signage at [acute care facility's] emergency department reminding patients to check in at the triage desk.

10. *Concern regarding post operative care received following reconstructive breast surgery.*

Recommendation	*Response*
i. That Interior Health organizes an in-service information session on post operative care for TRAM flap surgery cases, with the goal of supporting optimal surgical outcomes by way of improving communication between physicians, nursing staff and patients.	*i.* Written information regarding the TRAM flap procedure and the necessity for warming blankets has been requested from the surgeon who performs these procedures. The information will be shared with all staff in the post anesthesia recovery unit.

11. *Concern regarding wait time for a pain clinic at [acute care facility] and the inability to be referred to a clinic in a different community.*

Recommendation	*Response*
i. The complainant was not satisfied with the Patient Care Quality Office's (PCQO) review and response to [his/her] complaint regarding wait times to be seen in the pain clinic at [acute care facility]. [The complainant] feels that wait times are unacceptable and is frustrated that [he/she] is unable to go to Penticton's pain clinic for treatment.	*i.* Interior Health is in the process of providing a response to the complainant with the assistance of the PCQO and appropriate individuals at [acute care facility].

Recommendations and Responses | *Northern Health Authority (NH)*

NH is responsible for serving over two-thirds of B.C.'s landscape, with about 300,000 people spread over a broad geographical area.

The Northern board did not review any cases in 2012/13.

Recommendations and Responses | *Provincial Health Services Authority (PHSA)*

Instead of a geographic region, PHSA is responsible for specific provincial agencies and services. There are 21 agencies and programs that fall under the purview of the PHSA. These include: BC Cancer Agency, BC Centre for Disease Control, BC Children's Hospital and Sunny Hill Health Centre for Children, BC Mental Health and Addiction Services, BC Provincial Renal Agency, BC Transplant, BC Women's Hospital and Health Centre, Cardiac Services BC, Perinatal Services BC, BC Ambulance Service, BC Autism Assessment Network, Health Shared Services BC, PHSA Aboriginal Health program, Provincial Blood Coordinating Office, Provincial Infection Control Network of BC, Provincial Surgical Services program, Provincial Emergency Services project, trauma, specialized diagnostics, specialized cancer surgery and telehealth.

The board reviewed six cases from PHSA this period, resulting in five recommendations in two of those cases.

Because of PHSA's specific population, the board received fewer review requests from those patients, clients and residents whom accessed these provincial services. The board made recommendations relating to wait times for pediatric orthopedic surgery and BC Ambulance care quality complaints.

1. *Concern regarding wait time for pediatric orthopedic surgery.*

Recommendation	*Response*
i. That PHSA promptly identify and implement practical solutions to delays in paediatric orthopaedic referrals and surgery scheduling, so as to meet the accountabilities as outlined in the Ministry of Health's Surgical Wait List Management policy and that it investigate and explain why a 30 month delay in treatment for this patient occurred.	*i.* A review and assessment, including a chart audit of patients currently on spine wait lists, is occurring with the view to care alternatives to reduce overall wait time. Considerations include care alternatives for less complex idiopathic patients and considerations for young adults (15 and older) who may be appropriate for transition to an adult care setting. *i.* [Acute care facility] is negotiating with a specialized paediatric orthopedic surgeon to focus on addressing the longest waiting patients as an additional step towards immediate wait list reductions. *ii.* Utilizing the Ministry of Health's Surgical Wait List Management policy as a framework, BC Children's Hospital has drafted an agency specific policy and procedural guideline that will ensure consistent management and follow up specific to paediatric surgical patient wait times and wait list management. *iii.* In regard to this patient, the initial 13 month delay was due to patient's wait from referral by his pediatrician to consultation with an orthopedic surgeon. This is a direct result of the limited number of orthopedic specialists with the specific skills that were needed in B.C. at the time of the wait. *iv.* The second delay was due to the wait time for a sedated MRI scan that was needed prior to surgery. Key factors contributing to delays include competing surgical service needs, limited specialists with the specific skills, requirement for specialized support services including radiology and anaesthesiology, the length of the procedure itself, post op care including intensive care and the varied therapies required after procedure. *v.* A surgery date in [date] was offered to the patient but at that point we understand a commitment by the family to an alternate procedure in [city] was made for [date].

Recommendation	*Response*
i. That PHSA review the current communication process regarding paediatric surgery information for patients and families and amend it so as to ensure that they are fully aware of all options for treatment during any wait time for surgery.	*i.* A communication plan specific to wait times and paediatric orthopedic surgery is being developed which may include care options and alternatives such as out of province and out of country care. A directory of possible resources will be added such as potential financial supports, travel, charitable partners and accommodation options that may be available to families. In developing this policy the stakeholders and communication specialists will also determine how information may be provided to patients and their families about the possible risks associated with electing to withdraw a patient from care at [acute care facility].

Recommendation	*Response*
i. That PHSA ensure that [acute care facility] review the Paediatric Canadian Access Targets for Surgery (PCATS) versus current service delivery in orthopaedic surgery. If [acute care facility] is unable to meet the targeted timelines, then as part of patient-centered care, a process to refer the patient to another suitable service provider who can provide care in a timely manner should be established.	*i.* Each period members of the [acute care facility] leadership team will continue to review the waitlist reports and PCATS and cross reference those targets with current paediatric wait lists. Review with applicable division heads will occur to provide detailed reports and to develop appropriate action plans for patients who fall outside of those targets.

2. *Concern about BC Ambulance Service paramedics failing to recognize urgency of patient condition and not employing lights and siren.*

Recommendation	*Response*
i. That PHSA makes the BC Ambulance Service policy manual available to the ministry and the boards and considers making the policy manual available to the public through its website.	*i.* BC Emergency Health Services is reviewing alignment across governance, corporate service and program level policies. Review is expected to be completed by March 2014. In the interim, Ministry and Board access to policy manuals remains available through an established process.

Recommendation	
i. That PHSA ensures that in cases where a complaint involves care in other health authorities, the PHSA Patient Care Quality Office (PCQO) collaborates and shares information with PCQO in other health authorities to ensure that the complaint is appropriately and completely investigated and responded to, and that the full care experience is considered.	*i.* EHSC PCQO often works collaboratively with those HA PCQOs where BCEHS patient care is continued in a health authority. Where appropriate, patient care information is sought from another health authority to ensure a complaint can be addressed fully.

Recommendations and Responses | *Vancouver Coastal Health (VCH)*

VCH is responsible for serving two densely populated regions with more than 1.1 million people.

The board reviewed 22 cases from VCH in 2012/13, resulting in 29 recommendations - 23 recommendations were for care quality improvement, while six were to improve the complaints process.

The recommendations to VCH covered a broad range of issues with communication being a major theme with regard to: individuals who do not speak English, advance care planning, respectful communication, and other issues. In response, VCH will collect more extensive notes during advance care planning meetings with family, provide for clearer communication or use of provincial language service for individuals who do not speak English, and educate staff about the importance of communicating in a manner appropriate to the client.

1. *Concern regarding reporting mental health concerns to Mental Health Emergency Services.*

Recommendation	***Response***
i. The board recommends that in cases such as this, the health authority should inform the patient that they will accept relevant further information from the patient, including a report from a qualified medical practitioner, for inclusion in the patient's file.	*i.* It is the practice of Vancouver Coastal Health to address requests by a client for his or her record to be changed or redacted by inviting a brief submission from the client for inclusion in the record. The Patient Care Quality Office will be working with Health Records, and the Information Privacy Office to issue a learning summary, to refresh the understanding of all staff who may receive such a request.

Recommendation	***Response***
i. The board recommends that the health authority follow-up with [the complainant] in person with a provincial language service interpreter to address any outstanding questions and obtain a copy of [health professional's] mental health assessment of [the complainant] so that a copy can be included in the [city] MHES file.	*i.* The Patient Care Quality Office (PCQO) will make contact with the complainant involving a Provincial Language Service interpreter to identify any further questions for resolution, and to ask for a copy of the relevant documentation to PCQO, for escort to the health record.

2. *Concern regarding care following surgery and lack of appropriate discharge planning.*

Recommendation	***Response***
i. That Vancouver Coastal Health institute a quality assurance review process of this case with a view to ascertain whether more timely medical assessment and better communication among nursing staff, physicians and the patient's family could have resulted in improved patient care and avoided the post surgery complications and prolonged ICU stay.	*i.* A quality assurance review of this case, including a review of the medical chart and consulting with the physicians and staff, has been completed by the senior medical director. Invitations have been extended to the patient's family to meet and discuss the review findings.

Recommendation	*Response*
i. That Vancouver Coastal Health's proposed draft "Home First Discharge Planning Checklist" be submitted to a patient group such as Patients as Partners for feedback.	*i.* The discharge planning checklist has been submitted to, and is being reviewed by the [city] Health Advisory Committee. A response from the committee is expected.

3. *Concern regarding charting, medication administration and allegations of abuse at an acute care facility.*

Recommendation	*Response*
i. That Vancouver Coastal Health documents allegations of abuse, as well as all related follow-up regarding the health authority's investigation about the allegations.	*i.* Client Relations and Risk Management has developed and implemented a formal documentation process for more consistent and comprehensive documentation about follow-up on allegations of abuse in the care setting.

Recommendation	*Response*
i. That Vancouver Coastal Health reassess its Re:Act program and its draft policy regarding the management of allegations of abuse to ensure that a professional health interpreter from the Provincial Language Service is used when a complaint about abuse is made by an individual who does not speak English.	*i.* Client Relations and Risk Management and the Re:Act Adult Protection program have reinforced in their processes and education the importance of communicating in a manner appropriate to the client in all matters, particularly in any formal investigation (Re:Act, abuse by staff, or incidents generally).

4. *Concern regarding nursing care at an acute care facility.*

Recommendation	*Response*
i. That Vancouver Coastal Health has the Patient Care Quality Office (PCQO) provide a response to the complainant regarding the results of the investigation into the oxygen tubing issue.	*i.* The PCQO apologizes for omitting a response on that element in the initial communication to the complainant, and has now addressed that oversight by explaining our findings in a letter to the complainant.

5. *Concern regarding injury sustained by patient during preparation for an elective computed-tomography (CT) scan.*

Recommendation	*Response*
i. That Vancouver Coastal Health changes the current procedure for positioning patients during the insertion of intravenous needles in the computed-tomography scan area to ensure patient safety and discontinue the practice of inserting an intravenous needle while the patient is sitting on the edge of a stretcher with their legs dangling in the air.	*i.* Medical Imaging leadership is in the process of review and confirmation of leading practice concerning safe patient positioning. The intent is to confirm practice expectations regarding risk assessment, confirmation of positioning of patient, and appropriate measures to be taken if there is an identified risk of fainting.

6. *Concern about rights while being involuntarily committed under the Mental Health Act, medication administration and inaccurate charting.*

Recommendation	*Response*
i. That Vancouver Coastal Health directs the appropriate health care professional to note a correction on the nurses' notes record for [date], to address the fact that the entry about a "hands on" intervention was a charting error.	*i.* The charting error was corrected as a late entry to ensure the correct information is captured in the patient chart.

7. *Concern regarding care, housekeeping and discharge arrangements from an emergency department.*

Recommendation	*Response*
i. That [acute care facility] review their processes for triage and initial physician assessment in the emergency department (ED) to ensure that those processes enable staff to meet the guidelines set out in the Canadian ED Triage and Acuity Scale.	*i.* Review and pursuit of opportunities to streamline and improve access is ongoing. In the past year the [acute care facility] ED has increased its medical resources by 5%. Unfortunately, the ED also saw a corresponding volume increase of 5% thereby negating any effect on response time in the ED.
Recommendation	*Response*
i. That [acute care facility] review the way professional staff, in this case, communicated with the patient, with a view to improving ED communication with patients regarding diagnosis and discharge plans.	*i.* The ED Patient Services manager and the head, Department of Emergency Medicine, review each complaint that is received and speak directly with the staff involved. Staff is continuously reminded about the importance of regular, consistent and respectful communication within the department.
Recommendation	*Response*
i. That [acute care facility] review their ED standards for monitoring and recording patient vital signs to ensure appropriate regular documentation.	*i.* The [acute care facility] ED has reviewed its standard patient care guidelines that addresses patient monitoring expectations. Through that review, there has been broad reinforcement of the expectations of monitoring and documentation.
Recommendation	*Response*
i. Because the Patient Care Quality Office (PCQO) is required to meet deadlines, that [acute care facility] remind staff that they must respond to PCQO requests for information within the timeline provided by the PCQO.	*i.* A memo has been sent to our Operations and Medical leaders reminding of the timelines mandated by the ministerial directives pursuant to the *Patient Care Quality Review Board Act.*

8. *Concern regarding failure to provided required assistance to a patient ambulating from client parking lot to outpatient clinic.*

Recommendation	*Response*
The board recommends that in order to ensure a focus on patient centered care, Vancouver Coastal Health reviews the BC Ministry of Health Policy "***Response*** to Individuals in Medical Distress in Non-Patient Care Areas or on Grounds of Health Care Facilities" dated November 16, 2011 (Communique No. 2011-09) to ensure that they are properly applying the policy, and determine if they are meeting the needs of patients and others requiring assistance while on the grounds of the facility.	*i.* Vancouver Coastal Health (VCH) has clarified its policy to state: "It is the responsibility of all staff and physicians to ensure that individuals in medical distress, who present anywhere on health care facility property, are promptly attended to, and provided with needed care on site whenever possible." As recommended, we will reprofile the policy update in an upcoming VCH newsletter and communicate through the operational leaders the importance of reinforcing this message.
Recommendation	***Response***
i. The board recommends that Vancouver Coastal Health provide the complainant with a summary of this review.	*i.* We will be communicating with the complainant a summary of our actions.

9. *Concern regarding excessive medical intervention contrary to end-of-life care wishes and conduct of staff.*

Recommendation	*Response*
i. That Vancouver Coastal Health has the Patient Care Quality Office report to the family the results of the emergency department physicians and palliative care team's review of this case. In particular, how [acute care facility] manages the protocols related to palliative care patients who are admitted through the emergency department.	*i.* A report to the family will be provided, pending final outcome of the further clinical review of this case. We also look forward to advising the family of progress made in our organizational renewal of our process to encourage advance care planning among our service population, and to incorporate patients' advance care planning in our planning for their care.
Recommendation	***Response***
i. That Vancouver Coastal Health has the Patient Care Quality Office (PCQO) take notes during meetings with complainants to ensure that a detailed written record of it is available for post meeting reference.	*i.* PCQO staff will make notes of meetings with complainants, so that the notes may be used for reference as needed.
Recommendation	***Response***
i. That Vancouver Coastal Health has the [acute care facility] review the matter brought forward by the complainant regarding staff socializing in public view.	*i.* The manager of Emergency has reviewed the matter of staff socializing in public view with the staff of the emergency department. A staff room not visible to the public will be used for staff social activities.

10. *Concern regarding assisted bathing and toileting at a residential care facility.*

Recommendation	*Response*
i. The board recommends that Vancouver Coastal Health has the [care facility] hold an in-service session on a regular, at least annual, basis to review and instruct caregivers on the importance of compassionate communication relevant to the care of seniors, especially on ensuring compassionate care and respect and dignity for all patients.	*i.* [Care facility] staff regularly receive coaching regarding the importance of compassion, communication, respect and dignity of residents.
Recommendation	*Response*
i. The board recommends that Vancouver Coastal Health has the facility update the patient's care plan with the involvement of the patient and family to promote and address her expressed concerns regarding hygiene, and consider providing for baths on an occasional basis using the three person lift and attendance indicated as being required in the patient's assessment reports.	*i.* The resident's care plan has been updated to reflect weekly showers via three-person assist. Bathing is unfortunately not possible for safety reasons and staff are aware that this situation is not entirely consistent with the family's expectations.
Recommendation	*Response*
i. The board recommends that Vancouver Coast Health ensures the Patient Care Quality Office (PCQO) responds to and resolves complaints as per the *Patient Care Quality Review Board Act.*	*i.* Should communication about a patient's concerns be made to PCQO by anyone other than staff (identified as an in-house request for support) or the Ministry of Health (request for information), the communication will be considered a PCQO complaint.

11. *Concern regarding private accommodation at an acute care facility.*

Recommendation	*Response*
i. That Vancouver Coastal Health reviews communication avenues between hospital management, hospital staff and hospital service providers so that patients are given appropriate information on how to make their concerns known and so that concerns are relayed to the appropriate personnel in a timely and effective manner.	*i.* Patient Care Quality Office posters and brochures are broadly available throughout the organization and contact information is easily accessed on our website. In addition, all beds will have instruction cards to reach customer contact centre to report any concerns.
Recommendation	*Response*
i. That Vancouver Coastal Health reviews their new admission services forms and protocols to ensure patients are given clear information on what services and amenities will be provided to them either as included or as additional charges.	*i.* We have reviewed the forms and confirm that the Request for Semi-Private or Private Accommodation forms do communicate clearly that the additional cost associated with the room is related to the fact that the rooms are semi-private or private. Other amenities are dependent on various factors such as specific location, clinical service, and patient condition.

12. *Concern regarding communication and nursing care at an acute care facility.*

Recommendation	*Response*
i. That Vancouver Coastal Health ensures that [acute care facility] staff are aware of and trained on the use of the *Act on Adult Abuse and Neglect* (VCH Re:Act Manual) and the circumstances/factors that would prompt an investigation to be initiated.	*i.* A regional policy detailing staff roles and responsibilities in investigating allegations of abuse of patients is presently under consultation across Vancouver Coastal Health. We are confident that this policy will clarify the interaction with the Re:Act process, and reinforce the support to staff around expectations, duties, and steps to be taken when/if allegations of abuse are made.

13. *Concern about care provided by a physiotherapist following surgery.*

Recommendation	*Response*
i. That Vancouver Coastal Health reviews oversight and supervision of physiotherapy services in the Rehabilitation Unit at [hospital] to ensure that quality care is provided in an empathetic manner and on a timely basis.	*i.* Expectations regarding the use of good communication and interpersonal skills when interacting with patients, especially the need for clear communication regarding appointment times and treatment plans are reviewed during the established, ongoing performance reviews conducted with all staff. A performance review had been completed with the individual staff member following this incident.

14. *Concern regarding care received during labour and delivery at an acute care facility.*

Recommendation	*Response*
i. For Vancouver Coastal Health to review this complaint and give further consideration to the information provided by the complainant, including the review of the medical files by an independent obstetrical consultant, and provide specific comments to the complainant regarding the report and review by the independent obstetrical consult.	*i.* We are aware and respect that medical opinions do vary, and that the Patient Care Quality Office process is not a forum for adjudication of medical opinions. We have however engaged a formal review of the file by an expert not involved in the case to inform Vancouver Coastal Health and our further dialogue with the family.
Recommendation	*Response*
i. For Vancouver Coastal Health to provide the complainant with a more detailed and comprehensive response on what specific actions have been taken by the hospital and the health authority following the quality assurance process.	*i.* We await the findings of the most recent review of the case, and will provide the complainant with a detailed and comprehensive recap on what specific actions have been taken by the hospital and the health authority following the quality assurance process, and also of any further actions informed by the most recent case review.

15. *Concerns about communication, care received, and discharge arrangements from an emergency department.*

Recommendation	*Response*
i. That [acute care facility] reviews their communication procedures between health professionals with regard to discharge planning. Particular attention should be given to discharges occurring near closing hours, when there is a material change in a patient's health condition and/or when the patient has stated a concern about the discharge.	*i.* Vancouver Coastal Health has ensured that the operations leader and the medical director responsible for this area have discussed with their staff members and have reminded emergency physicians to improve communication with family members about the consulting process and to improve communication between emergency department physicians and consultants. We have reminded all employees of the importance of communication surrounding discharge planning.

Recommendation	*Response*
i. That the Patient Care Quality Office (PCQO) ensures all final responses, either written or verbal, are sent directly from the PCQO officer managing the complaint and that they inform the complainant of their right to a review of their care quality complaint by the board, as per the *Patient Care Quality Review Board Act.*	*i.* The PCQO will ensure that the responses for all matters brought to its attention for review are sent back to the complainant from the PCQO directly with a cover letter informing the complainant of their right to a review of their care quality complaint by the board.

Recommendations and Responses | *Vancouver Island Health Authority (VIHA)*

VIHA is responsible for more than 765,000 people spread over the Islands and the Mainland.

The board completed 12 complaint cases from VIHA in 2012/13, resulting in 11 recommendations in eight of those cases.

The board made multiple recommendations on the themes of discharge arrangements and communication. Recommendations included, discharge planning for emergency department patients, and that the health authority ensures that the Patient Care Quality Office (PCQO) follows empathetic response guidelines in their response letters.

VIHA took action by developing a regional predischarge/ discharge plan with involvement from nursing staff and physicians In response to more empathetic communication on behalf of the PCQO, the health authority conducted a training sessions to ensure that future correspondence will be responsive, accurate, respectful and compassionate.

1. ***Complaint regarding care received at acute care facility emergency department.***

Recommendation	***Response***
i. The board recommends that VIHA ensure that hospitals follow their policy on the pre-discharge review of patients who are kept in the emergency department for observation or therapy.	*i.* The Emergency Department Pre-discharge policy was redistributed to all emergency department (ED) staff and posted on the [acute care facility] ED SharePoint site so that all ED staff can easily access and follow this guideline. The ED is currently in the process of developing a comprehensive regional predischarge/ discharge plan with involvement from both nurses and physicians.
Recommendation	***Response***
i. The board recommends that VIHA review the guidelines for empathetic response letters to ensure that letters to complainants are responsive, accurate, respectful and compassionate.	*i.* The leader of the Patient Care Quality Office (PCQO) conducted a training session with all PCQO staff on [date] to review these guidelines and to ensure future response letters are appropriate and meet the core principles of empathetic communication.

2. *Concern regarding inadequate assessment and discharge from an emergency department.*

Recommendation	*Response*
i. That the chief of staff for [acute care facility] review the assessment and discharge procedures in the emergency department to ensure patients receive timely and satisfactory care and appropriate follow-up.	*i.* The chief of staff for [acute care facility] has received and reviewed the assessment and discharge procedures in the emergency department(ED). *ii.* The ED is currently in the process of developing a comprehensive regional pre-discharge/discharge plan with involvement from both nurses and physicians. This plan will encompass pre-discharge, discharge and post-discharge care and will be applicable to all VIHA sites.

3. *Concern regarding resident safety and communication at residential care facility.*

Recommendation	*Response*
i. That VIHA informs the complainant of what steps have been taken to improve the safety of the residents at [residential care facility].	*i.* Letter was sent to complainant advising of additional funding provided to all residential care affiliates to increase direct care hours. The [residential care facility] is currently in the final stages of installing cameras in all common area and is involved in education sessions for staff to manage aggressive behaviors that are often associated with cognitive impairment in order to enhance resident and staff safety.
Recommendation	*Response*
i. That in the future, VIHA ensures that communication from the Patient Care Quality Office (PCQO) is in line with the Guidelines for Empathetic Response Letters. Specifically, in this case, would have included details regarding the improvements made as a response to the complaint brought forward.	*i.* As previously reported, PCQO staff training was completed in May 2012.

4. *Concern about whether patient was examined by an emergency department physician and whether the patient's x-rays were interpreted by a radiologist.*

Recommendation	*Response*
i. That VIHA ensures the proposed protocol for staff identification is completed and implemented and conduct a review within six months to ensure that hospital staff are adhering to the new protocol.	*i.* This protocol has been fully implemented. All physicians are now required to wear identification tags in the emergency department. A review will be conducted within six months of the introduction of the new protocol to ensure that hospital staff are in compliance.

5. *Concern regarding lack of care and care plan issues for resident of care facility.*

Recommendation	*Response*
i. That VIHA ensures that [care facility] have regular and ongoing conferences (not less than quarterly) or as requested by the family, to review the resident's care plan and, if appropriate, amend the care plan.	*i.* The manager at [care facility] has contacted the family weekly to discuss the care plan and address concerns. These calls will continue indefinitely.
Recommendation	*Response*
i. That VIHA ensures the facility implements an audit process to ensure adherence to the care plan for the resident.	*i.* The facility is developing a check list of care plan items that will be used for weekly reviews of the care provided.

6. *Concern in regard to care received at an acute care facility, in particular that patient's bone flap was discarded without knowledge of patient or family.*

Recommendation	*Response*
i. That VIHA provides assurance to the complainant that the bone fragment has not been destroyed by providing a time stamped photo and/or a copy of the disposition form once the fragment has been destroyed should the complainant wish to have such assurance.	*i.* Letter sent to complainant with date/time stamped photo of the bone flap frozen in the container as it was received, an invitation to view the frozen bone flap, and an advisement that the bone flap will be destroyed by [date].

7. *Concern regarding scheduling of ultrasound consultations.*

Recommendation	*Response*
i. That the Request for Ultrasound Consultation form be reviewed by VIHA to include an urgency factor as determined by the referring physician. A determination should then be made by the health authority on the response time based on the level of acuity or the urgency of the test required. Written notification of appointment time should be provided to the patient unless it is urgent and a phone call is more appropriate.	*i.* VIHA has two requisition forms that may be used to request ultrasound exams. Both of these forms have been reviewed. Within these two forms, there is an area for the referring physician to specify the urgency of the request. *ii.* It is the Medical Imaging Booking department's practice to notify patients by telephone, for urgent appointment times and/or appointments that are scheduled within two weeks of receiving the requisition. All other appointments (non-urgent) are confirmed in writing.

8. *Concern regarding possible reaction to IV contrast dye used for a magnetic resonance imagining (MRI) scan.*

Recommendation	*Response*
i. That VIHA has the Patient Care Quality Office arrange an in-person meeting with the complainant and head of radiology for [acute care facility] to provide a detailed explanation of the treatment the complainant received and whether or not it may have caused or contributed to the development of a superficial thrombophlebitis.	*i.* A meeting has been scheduled with the patient and the medical director for VIHA Medical Imaging.

Appendix A | *Patient Care Quality Office Volumes*

Appendix A details the volume of all complaints and inquiries received by the health authority Patient Care Quality Offices (PCQOs) in 2012/13, and compares the top five issues, or subjects of complaint, within the province and each health authority for 2009/10, 2010/11 and 2011/12.[3]

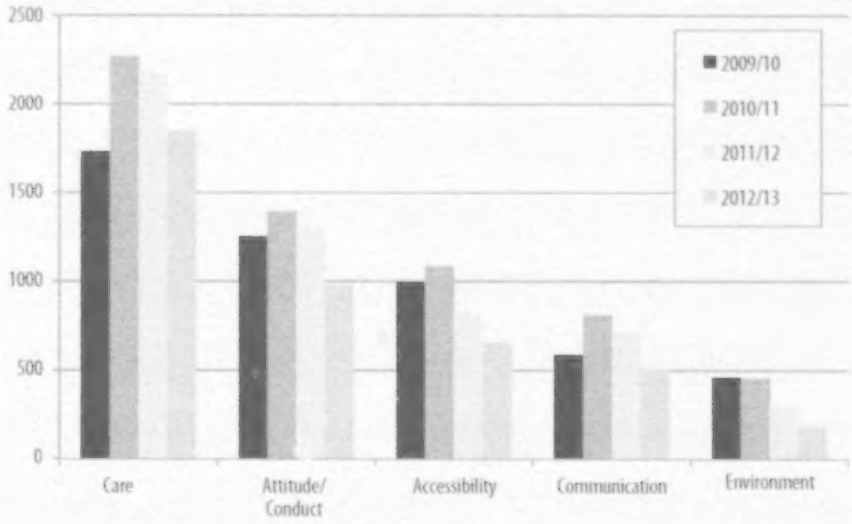
British Columbia

Table 3: PCQO Volume, B.C., 2012/13

BC	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Total
External Complaints	50	53	37	35	175
Care Quality Complaints	1,174	1,089	1,091	1,204	4,558
Inquiries	1,189	1,039	836	646	3,710
TOTAL VOLUME	**2,413**	**2,181**	**1,964**	**1,885**	**8,443**

By definition, most care quality concerns relate to care – for example, deficiencies in care, misdiagnosis, or medication-related concerns – therefore, complaints tend to be concentrated in that category. In B.C., PCQOs logged 1,845 complaints related to care, which represents a decrease of 334 over the 2,179 care quality complaints reported in 2011/12. Attitude and conduct followed with 976 complaints, with a decrease of 327 over 11/12. Accessibility (which includes issues such as wait-times for surgery or test results and the availability of services) was the third most frequently reported issue at 655. Communication was fourth at 506, followed by discharge arrangements at 172.

Chart 3: PCQO Top 5 Issues, B.C., 2012/13



3 The PCQOs categorize patient complaints using a common reporting framework. Complaints are first categorized according to health sector – including acute care, ambulatory care, emergency care, home and community care, mental health and addictions, residential care, and public health, among others – then further broken down by subject. Last year we reported the top ten issues by sector and subject; this year we have reported the top five subjects across sectors, which give a more accurate picture of the key concerns patients bring to their PCQOs. Note: One complaint typically encompasses more than one care issue, so the total number of care issues will generally be higher than the total number of complaints.

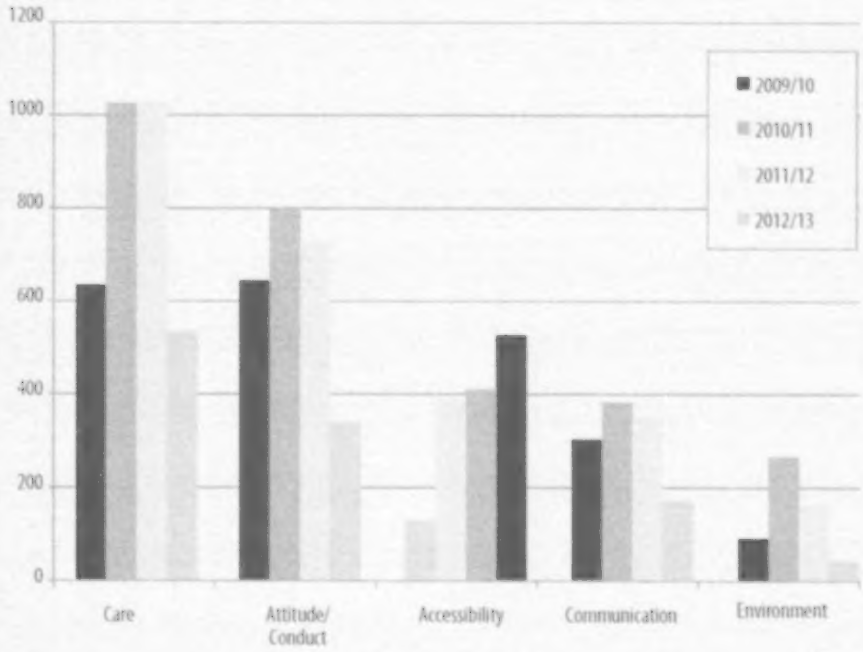
Fraser Health (FH)

Table 4: PCQO Volume, FH, 2012/13

FHA	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Total
External Complaints	10	14	12	9	45
Care Quality Complaints	283	223	266	236	1,008
Inquiries	220	190	172	195	777
TOTAL VOLUME	**513**	**427**	**450**	**440**	**1,830**

FH logged 510 complaints in the care category, which represents a decrease of 473 over 2011/12. Attitude and conduct was the second most frequently reported concern with 324 complaints, followed by communication at 164 and accessibility at 124. Each of the five categories saw a reduction in complaints from 2011/12.

Chart 4: PCQO Top 5 Issues, FH, 2012/13



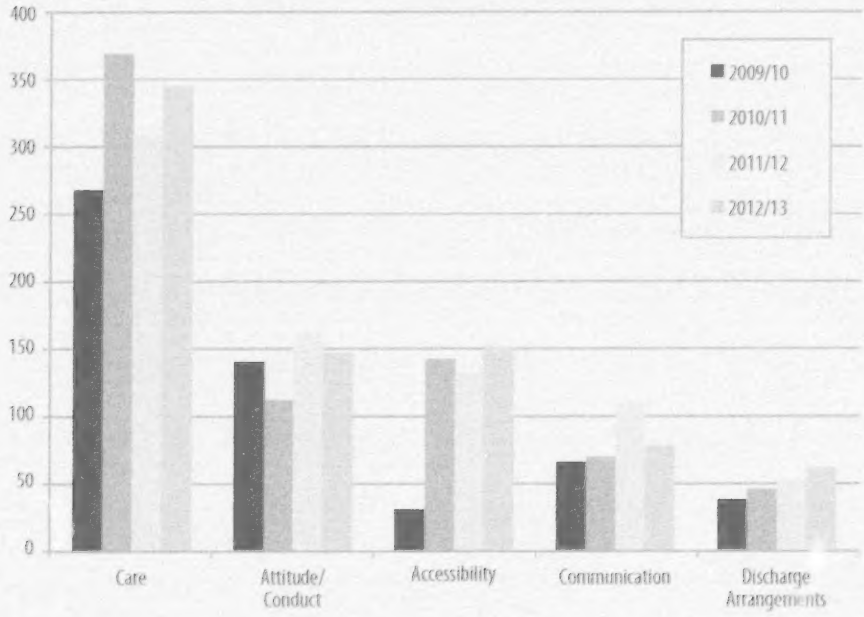
Interior Health (IH)

Table 5: PCQO Volume, IH, 2012/13

IHA	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Total
External Complaints	8	11	6	3	28
Care Quality Complaints	278	202	171	219	870
Inquiries	107	77	65	63	312
TOTAL VOLUME	**393**	**290**	**242**	**285**	**1,210**

IH logged 345 complaints in the care category, which represents an increase of 37 over last year. Accessibility was the second most frequently reported concern with 151 complaints. Attitude and conduct was third at 147, followed by communication at 78 and discharge arrangements (which includes issues such as incomplete discharge information, premature or delayed discharge, etc.) was fifth with 62 complaints.

Chart 5: PCQO Top 5 Issues, IH, 2012/13



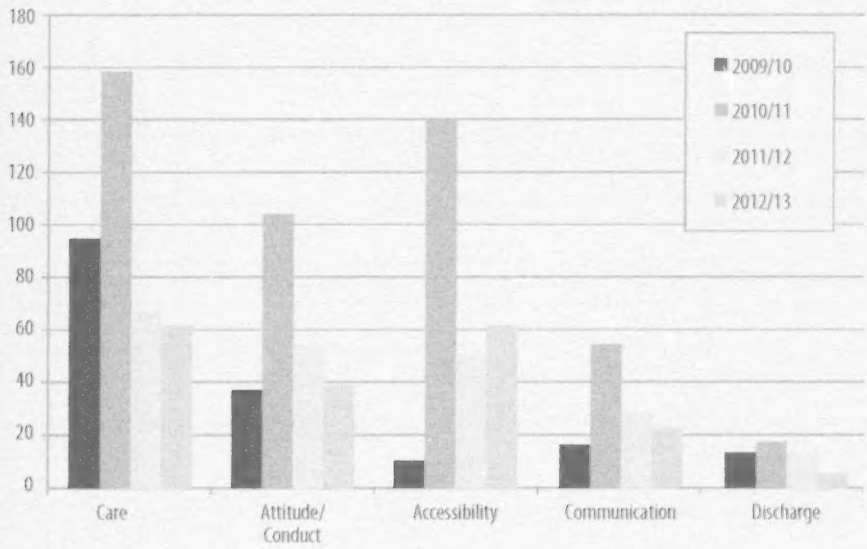
Northern Health (NH)

Table 6: PCQO Volume, NH, 2012/13

NHA	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Total
External Complaints	4	13	6	10	33
Care Quality Complaints	19	28	65	74	186
Inquiries	18	19	2	9	48
TOTAL VOLUME	**41**	**60**	**73**	**93**	**267**

NH logged 60 complaints in their care category, which represents a decrease of 5 over 2011/12. However, this past year complaints about accessibility equal those in the care category. Attitude and conduct was the next most frequently reported concern at 38, followed by communication at 22. While the geographic area is large, NH serves a smaller population relative to the other health authorities. As such, the smaller population may explain the lower volumes of care quality complaints.

Chart 6: PCQO Top 5 Issues, NH, 2012/13



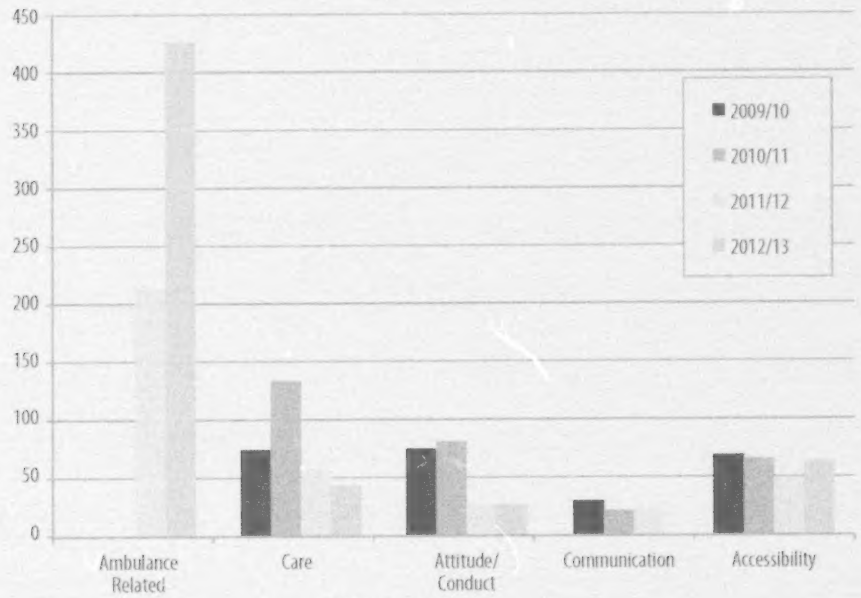
Provincial Health Services Authority (PHSA)

Table 7: PCQO Volume, PHSA, 2012/13

PHSA	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Total
External Complaints	0	2	1	1	4
Care Quality Complaints	113	90	99	127	429
Inquiries	621	540	434	235	1,830
TOTAL VOLUME	**734**	**632**	**534**	**363**	**2,263**

PHSA began tracking BC Ambulance Service complaints in 2011/12. This year, PHSA logged 414 complaints about Ambulance Related service. PHSA recorded accessibility as the second most frequently reported care quality complaint at 62 followed by care at 42. Attitude and conduct was fourth with 26 complaints, followed by coordination with 18.

Chart 7: PCQO Top 5 Issues, PHSA, 2012/13



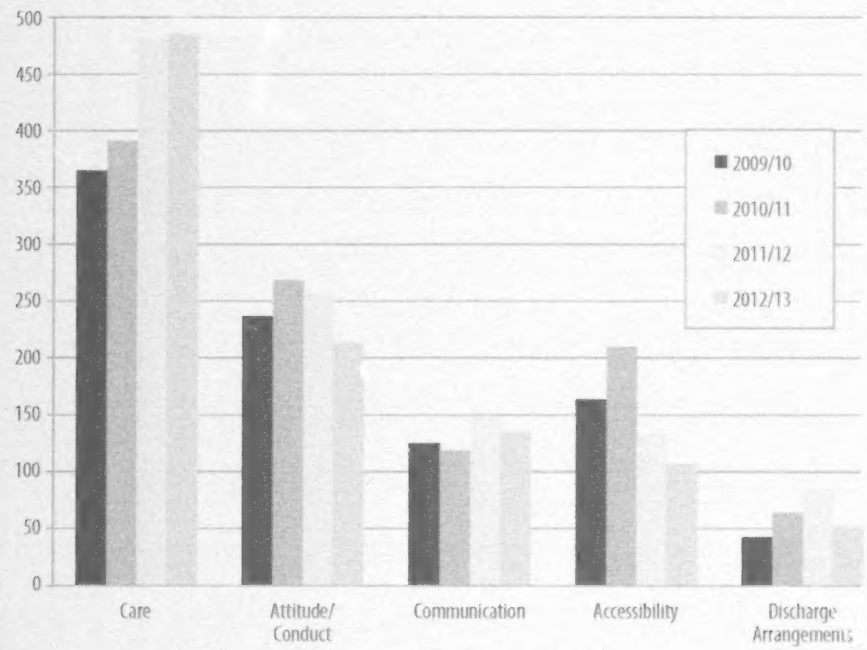
Vancouver Coastal Health (VCH)

Table 8: PCQO Volume, VCH, 2012/13

VCHA	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Total
External Complaints	17	8	10	9	44
Care Quality Complaints	252		229	197	943
Inquiries	82	120	75	67	344
TOTAL VOLUME	**351**	**393**	**314**	**273**	**1,331**

VCH logged 470 complaints in the care category, an increase of 4 over 2011/12. Attitude and conduct followed at 206, with communication at 131, accessibility at 104 and discharge arrangements at 50.

Chart 8: PCQO Top 5 Issues, VCH, 2012/13



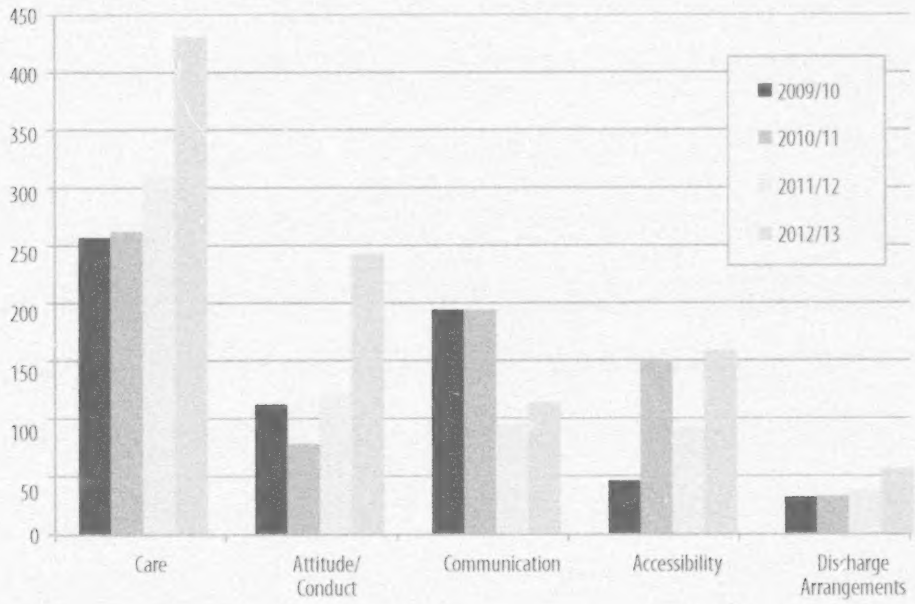
Vancouver Island Health Authority (VIHA)

Table 9: PCQO Volume, VIHA, 2012/13

VIHA	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Total
External Complaints	11	5	2	3	21
Care Quality Complaints	229	281	261	351	1,122
Inquiries	141	93	88	77	399
TOTAL VOLUME	**381**	**379**	**351**	**431**	**1,542**

VIHA logged 418 concerns in the care category, an increase of 117 from 2011/12. Attitude and conduct was their second most frequently reported complaint at 235. Accessibility was third at 154, followed by communication at 111. Finally, VIHA logged 55 complaints about discharge arrangements in 2012/13.

Chart 9: PCQO Top 5 Issues, VIHA, 2012/13



Appendix B | Financial Information

(Source: CAS Financial Reports)

EXPENDITURES	Actual $ 2012/13
Board Members	
Board Member meeting fees and expenses	$105,795
Total	$105,795
Board Support	
Board Support Personnel	702,246.00
Board Support Travel	24,479.00
Legal Expenses and Professional Services	6,140.00
Office Business and Info Systems	30,705.00
TOTAL	**$763,570.00**
TOTAL EXPENDITURES	**$869,635.00**

Further Information

Patient Care Quality Review Board Act

A copy of the *Patient Care Quality Review Board Act* may be obtained from *www.patientcarequalityreviewboard.ca* or by calling BC Laws toll-free at 1 866 236-5544.

Patient Care Quality Review Boards

For more information about the Patient Care Quality Review Boards, or to request a review, please contact:

PO Box 9643 Victoria BC V8W 9P1
Toll-free: 1 866 952-2448
Fax: 250 952-2428
Email: *contact@patientcarequalityreviewboard.ca*

Patient Care Quality Office

To make a complaint regarding the quality of care that you or a loved one received, please contact the health authority Patient Care Quality Office in your region:

Vancouver Coastal Health

855 West 12th Avenue, CP-380
Vancouver, BC V5Z 1M9
Phone: 1 877 993-9199 (toll-free)
Fax: 604 875-5545
Email: *pcqo@vch.ca*
Website: *www.vch.ca*

Vancouver Island Health Authority

Royal Jubilee Hospital
Memorial Pavilion, Watson Wing, Rm 315
1952 Bay Street
Victoria, BC V8R 1J8
Phone: 1 877 977-5797 (toll-free)
Fax: 250 370-8137
Email: *patientcarequalityoffice@viha.ca*
Website: *www.viha.ca*

Interior Health

220-1815 Kirschner Road
Kelowna, BC V1Y 4N7
Phone: 1-877-442-2001 (toll-free)
Fax: 250-870-4670
Email: *patient.concerns@interiorhealth.ca*
Website: *www.interiorhealth.ca*

Fraser Health

11762 Laity St, 4th floor
Maple Ridge, BC V2X 5A3
Phone: 1 877 880-8823 (toll-free)
Fax: 604 463-1888
Email: *pcqoffice@fraserhealth.ca*
Website: *www.fraserhealth.ca*

Northern Health

6th floor, 299 Victoria Street
Prince George, BC V2L 5B8
Phone: 1 877 677-7715 (toll-free)
Fax: 250 565-2640
Email: *patientcarequalityoffice@northernhealth.ca*
Website: *www.northernhealth.ca*

Provincial Health Services Authority
(Includes provincial agencies and services such as BC Cancer Agency, BC Renal Agency, BC Transplant, and BC Women's and Children's Hospital)

4th Floor, Women's Health Centre, Room F404
4500 Oak Street
Vancouver, BC V6H 3N1
Phone: 1 888 875-3256 (toll-free)
Fax: 604 875-3813
Email: *pcqo@phsa.ca*
Website: *www.phsa.ca*